Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 10-01-2022 , and ending 09-30-2023

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

G Gross receipts $ 837,531,522

F Name and address of principal officer:
RASIKA PADMAPERUMA
359 BLACKWELL STREET 200
DURHAM,NC 27701

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

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

J Website: ▶ FHI360.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1973

M State of legal domicile: NC

Part I Summary

Activities & Governance

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	1,590
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	764,232,216	768,119,591
	9	Program service revenue (Part VIII, line 2g)	70,558,516	65,084,692
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	701,817	3,677,427
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-556,862	-488,795
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	834,935,687	836,392,915
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	307,240,492	277,854,012
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	197,467,548	217,766,797
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	384,264,858	341,935,740
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	888,972,898	837,556,549
	19	Revenue less expenses. Subtract line 18 from line 12	-54,037,211	-1,163,634
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	328,885,680	367,242,185
	21	Total liabilities (Part X, line 26)	204,155,649	236,557,998
	22	Net assets or fund balances. Subtract line 21 from line 20	124,730,031	130,684,187

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: 2024-08-15

▶ RASIKA PADMAPERUMA CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN 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 . . . . . ☑

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.

(Code:) (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.

(Code:) (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.

4d Other program services (Describe in 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
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	641		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,590			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	AF,HA,HO,IN,ID,JM,JO,KZ,KE,KG,LA,LE, LT,LI,LH,MA,MI,ML,MR,MX,MO,MZ,NP,NI, PP,PR,RW,SG,RG,SF,OD,WZ,TI,TZ,TH,TO, TS,UG,UP,VM,YM,ZA,ZI,BN,BC,UV,BY,CB ,CM,CT,CD,CH,CO,CG,IV,DJ,DR,EG,ES,				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," enter the name of the foreign country: ▶ET,GH,GT,GV If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANA TERESA GUTIERREZ-SAN MARTIN CHIEF EXECUTIVE OFFICER	40.0 0.0	X		X				489,019	0	38,109
(2) ARON BETRU BOARD MEMBER	2.0 0.0	X						5,580	0	0
(3) CARLOS TORRES CHAIR (beginning 10/27/22)	2.0 0.0	X						9,360	0	0
(4) DANA HOVIG BOARD MEMBER	2.0 0.0	X						0	0	0
(5) DEBREWORK ZEWDIE BOARD MEMBER	2.0 0.0	X						5,040	0	0
(6) GREGORY M GUNN BOARD MEMBER	2.0 0.0	X						12,240	0	0
(7) HE KAMISSA CAMARA BOARD MEMBER	2.0 0.0	X						4,140	0	0
(8) JACQUELINE MAHAL BOARD MEMBER	2.0 0.0	X						5,760	0	0
(9) PHILIP LOCHNER CHAIR (until 10/27/22)	2.0 0.0	X						12,240	0	0
(10) SCOTT WU BOARD MEMBER	2.0 0.0	X						7,920	0	0
(11) SHEILA LEATHERMAN BOARD MEMBER	2.0 0.0	X						9,360	0	0
(12) SHEILA MITCHELL BOARD MEMBER (UNTIL 10/27/22)	2.0 0.0	X						12,240	0	0
(13) SUSAN YASHAR BOARD MEMBER (BEGINNING 10/27/22)	2.0 0.0	X						0	0	0
(14) WARREN SIMMONS VICE CHAIR	2.0 0.0	X						9,360	0	0
(15) DEBORAH KENNEDY IRAHETA CHIEF OPERATIONS OFFICER	40.0 0.0			X				359,953	0	57,511
(16) KATHY STROKER GENERAL COUNSEL	40.0 0.0			X				273,371	0	76,780
(17) PAMELA MYERS FORMER CHIEF HUMAN RESOURCE OFFICER	40.0 0.0			X				293,254	0	53,508

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) Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	40.0 4.0			X				308,850	27,500	59,284
(19) SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	40.0 0.0			X				273,469	0	56,337
(20) TIMOTHY MASTRO CHIEF SCIENCE OFFICER	36.0 0.0			X				253,013	0	72,086
(21) ALETA WILLIAMS DIR., BUSINESS DVLP & DIVE	40.0 0.0				X			231,009	0	44,307
(22) CHRISTINE NYIRJESY BRAGALE DIRECTOR, COMMUNICATIONS (CORP	40.0 0.0				X			177,974	0	21,959
(23) JACQUELINE MCPHERSON REGIONAL DIRECTOR	40.0 0.0				X			296,277	0	43,698
(24) LANETA DORFLINGER SCIENTIST	40.0 0.0				X			245,375	0	66,048
(25) LAURA KAYSER DEPUTY COO	40.0 0.0				X			285,099	0	42,591
(26) LEILA ABU-GHEIDA REGIONAL DIRECTOR	40.0 0.0				X			240,091	0	45,083
(27) MICHAEL MAZZA DIRECTOR, INFORMATION SOLU	40.0 0.0				X			232,132	0	50,433
(28) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECO	40.0 0.0				X			237,701	0	45,141
(29) NZAPFURUNDI CHABIKULI DIR. OF GLOBAL HLTH, POPUL	40.0 0.0				X			248,329	0	71,243
(30) DORIS YOUNGS PROJECT DIRECTOR I	40.0 0.0					X		282,769	0	51,755
(31) HAYLEY BRYANT CHIEF OF PARTY	40.0 0.0					X		297,456	0	28,142
(32) MATTHEW PIETZ PROJECT DIRECTOR II	40.0 0.0					X		353,350	0	27,043
(33) MICHAEL CASSELL TECHNICAL ADVISOR	40.0 0.0					X		318,702	0	31,167
(34) STEPHEN MILLS DIRECTOR PROJECT PORTFOLIO	40.0 0.0					X		296,026	0	30,102
(35) WELLINGTON PAK DIRECTOR, BUSINESS STRATEGY	0.0 0.0						X	122,090	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								6,208,549	27,500	1,012,327

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 539

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a 0			
	b Membership dues . .	1b 0			
	c Fundraising events . .	1c 0			
	d Related organizations	1d 5,200,000			
	e Government grants (contributions)	1e 661,570,502			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 101,349,089			
	g Noncash contributions included in lines 1a - 1f:$	1g			
	h **Total.** Add lines 1a-1f . . . . . ▶	768,119,591			

Program Service Revenue	Business Code				
2a USAID	541700	34,850,650	34,850,650		
b DHHS	541700	18,103,566	18,103,566		
c Johnson and Johnson	541700	1,940,800	1,940,800		
d UK Foreign and CommonWealth Office	541700	1,754,153	1,754,153		
e Global Fund	541700	973,452	973,452		
f All other program service revenue.		7,462,071	7,462,071	0	0
g **Total.** Add lines 2a–2f. . . . . ▶	65,084,692				

Other Revenue							
3 Investment income (including dividends, interest, and other similar amounts)			3,424,193	0	0	3,424,193
4 Income from investment of tax-exempt bond proceeds ▶			0	0	0	0
5 Royalties . . . . . ▶			35,176	0	0	35,176
		(i) Real	(ii) Personal			
6a Gross rents	6a	614,636	0			
b Less: rental expenses	6b	1,138,607	0			
c Rental income or (loss)	6c	-523,971	0			
d Net rental income or (loss) . . . . . ▶			-523,971	0	0	-523,971
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	0	253,234			
b Less: cost or other basis and sales expenses	7b	0	0			
c Gain or (loss)	7c	0	253,234			
d Net gain or (loss) . . . . . ▶			253,234	0	0	253,234
8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0				
b Less: direct expenses	8b	0				
c Net income or (loss) from fundraising events . . ▶			0		0	0
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a	0				
b Less: direct expenses	9b	0				
c Net income or (loss) from gaming activities . . ▶			0	0	0	0
10a Gross sales of inventory, less returns and allowances . .	10a	0				
b Less: cost of goods sold . .	10b	0				
c Net income or (loss) from sales of inventory . . ▶			0	0	0	0

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

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		91,465,744	1	85,366,625
	2	Savings and temporary cash investments		57,259,388	2	75,139,391
	3	Pledges and grants receivable, net		250,000	3	1,375,000
	4	Accounts receivable, net		126,880,641	4	104,198,506
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,450,886	9	14,049,702
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,493,714			
	b	Less: accumulated depreciation	10b 12,443,656	8,476,443	10c	10,050,058
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		7,784,905	12	9,122,305
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		26,317,673	15	67,940,598
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		328,885,680	16	367,242,185
Liabilities	17	Accounts payable and accrued expenses		97,874,719	17	91,579,011
	18	Grants payable			18	
	19	Deferred revenue		83,112,468	19	86,671,780
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		5,800,000	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		17,368,462	25	58,307,207
	26	**Total liabilities.** Add lines 17 through 25		204,155,649	26	236,557,998
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		124,730,031	27	130,684,187
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		124,730,031	32	130,684,187
	33	Total liabilities and net assets/fund balances		328,885,680	33	367,242,185

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	836,392,915
2	Total expenses (must equal Part IX, column (A), line 25)	2	837,556,549
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,163,634
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	124,730,031
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,117,790
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	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
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID: 22016089

Software Version: 2022v5.0

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Family Health International Inc

Employer identification number
23-7413005

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) **14**

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

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 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
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	127,284,293	100,271,584	76,152,152	70,558,515	65,084,692	439,351,236
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	780,861,891	674,100,550	764,776,333	834,790,731	833,204,283	3,887,733,788
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	79,624,549	76,512,026	51,159,391	40,523,161	36,281,277	284,100,404
c Add lines 7a and 7b.	79,624,549	76,512,026	51,159,391	40,523,161	36,281,277	284,100,404
8 **Public support.** (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
9 Amounts from line 6.	780,861,891	674,100,550	764,776,333	834,790,731	833,204,283	3,887,733,788
10a 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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	65,728	-1,374,075	-227,446	144,955	4,074,005	2,683,167
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	721,620	4,106,347	282,619	0	0	5,110,586
13 **Total support.** (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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	0 %

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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 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 **Total** of lines 3a through e			
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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2023.** 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).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - , COLUMN A - 721620.0, COLUMN B - 4106347.0, COLUMN C - 282619.0, COLUMN D - , COLUMN E - , COLUMN F - 5110586.0;

Additional Data

Return to Form

Software ID: 22016089
Software Version: 2022v5.0

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization	**Employer identification number**
Family Health International Inc	23-7413005

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Family Health International Inc

Employer identification number
23-7413005

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

Contributors

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

Name of organization
Family Health International Inc

Employer identification number
23-7413005

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

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

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

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

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

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

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

Name of organization
Family Health International Inc

Employer identification number
23-7413005

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

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

Additional Data

Return to Form

Software ID: 22016089

Software Version: 2022v5.0

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
Family Health International Inc	23-7413005

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

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

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

5 Enter the names, addresses and 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				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	2,534	0
c Total lobbying expenditures (add lines 1a and 1b)	2,534	0
d Other exempt purpose expenditures	0	0
e Total exempt purpose expenditures (add lines 1c and 1d)	2,534	0
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	507	0
g Grassroots nontaxable amount (enter 25% of line 1f)	127	0
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-.	2,027	0

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.

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount	0	0	0	507	507
b Lobbying ceiling amount (150% of line 2a, column(e))					760
c Total lobbying expenditures	0	0	0	2,534	2,534
d Grassroots nontaxable amount	0	0	0	127	127
e Grassroots ceiling amount (150% of line 2d, column (e))					190
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-A, Line 1b, Column (a) Labor	Labor expense associated with establishment of lobbying activities.

Additional Data

Return to Form

Software ID: 22016089
Software Version: 2022v5.0

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) Unrelated organizations	**3a(i)**		
(ii) Related organizations	**3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,287,973	970,778	8,317,195
d Equipment		12,933,196	11,472,878	1,460,318
e Other		272,545	0	272,545
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				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)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

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

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)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
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

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

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

Part XIII

Supplemental Information

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

Return Reference	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.

Additional Data

Return to Form

Software ID: 22016089
Software Version: 2022v5.0

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ 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 **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 Activites 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 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)					
3a Sub-total	158	3,281			549,750,937
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	158	3,281			549,750,937

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Central America and the Caribbean	HIV/AIDS	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)		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			

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

ReturnReference	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

Additional Data

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) University of Maryland Baltimore PO BOX 41428 Baltimore,MD 212036428	52-6002033	501(c)(3)	845,768				HIV RELATED RESEARCH
(2) Forum One Communications 2200 Mount Vernon Ave Alexandria,VA 22301	94-3261569	501(c)(3)	210,457				SOCIO-ECONOMIC DEVELOPMENT
(3) Johns Hopkins University 12529 Collections Center Drive Chicago,IL 60693	52-0595110	501(c)(3)	2,207,111				HIV/ AIDS PREVENTION
(4) University of Alabama at Birmingham Division of Infectious Diseases 703 Birmingham,AL 352940007	63-6005396	GOVERNMENT	67,424				HIV/ AIDS PREVENTION
(5) The Regents of the UC UCSD Campus Main Depository PO Box Los Angeles,CA 900741539	95-6006144	501(c)(3)	3,736,123				HIV RELATED RESEARCH
(6) Columbia University 630 West 168th St Box 23 New York,NY 10032	13-5598093	501(c)(3)	3,652,389				HIV/ AIDS PREVENTION
(7) Trustees of the Universit 3417 Spruce StreetHouston Hall 200 Philadelphia,PA 19104	23-1352685	501(c)(3)	1,058,593				HIV RELATED RESEARCH
(8) UNC CHAPEL HILL OFFICE OF 104 AIRPORT DRIVE SUITE 2200 CAMPUS Chapel Hill,NC 275991350	56-6001393	501(c)(3)	16,972				GLOBAL HEALTH
(9) University of North Carol OFFICE OF SPONSORED RESEARCH104 AIR Chapel Hill,NC 275991350	56-6001393	501(c)(3)	1,463,280				HIV/ AIDS PREVENTION
(10) Vanderbilt University Med Dept 1236 PO Box 121236 Dallas,TX 753121236	35-2528741	501(c)(3)	54,268				SOCIO-ECONOMIC DEVELOPMENT
(11) RTI Health Solutions PO Box 12194 RTP,NC 27709	56-0686338	501(c)(3)	552,182				HIV/ AIDS PREVENTION
(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 AveSuite 200 Seattle,WA 98107	91-1157127	501(c)(3)	652,010				HIV/ AIDS PREVENTION
(22) Georgetown University BOX 571164 Washington,DC 200571164	53-0196603	501(c)(3)	69,767				HIV/ AIDS PREVENTION
(23) University of Alabama at Birmingham Grants Contracts AccountingAB 990 Birmingham,AL 352940109	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 PO Box 691031 Cincinnati,OH 452691031	31-6000989	GOVERNMENT	80,623				HIV/ AIDS PREVENTION
(27) Virginia Commonwealth Uni Grants and Contracts Account Richmond,VA 232843035	54-6001758	GOVERNMENT	254,268				CLINICAL TRIALS RESEARCH
(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 200170745	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 917463505	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 752844717	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 022154302	04-2510564	501(c)(3)	282,755				GLOBAL HEALTH
(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 631121408	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 275997570	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 311935084	58-0566256	501(c)(3)	673,844				HIV RELATED RESEARCH
(54) Regents of the Univ of CA PO 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 122010009	14-1368361	501(C)(3)	89,776				HIV/ AIDS PREVENTION
(58) Avenir Health Inc 41-A New London Turnpike Glastonbury,CT 060334241	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 606124882	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 974030237	46-4727800	GOVERNMENT	228,192				SOCIO-ECONOMIC DEVELOPMENT
(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 331242912	59-0624458	501(c)(3)	19,270				HIV RELATED RESEARCH
(67) University of Illinois 304 AOB M/C 6721737 WEST POLK ST Chicago,IL 606127227	37-6000511	501(C)(3)	102,060				HIV RELATED RESEARCH
(68) University of Pittsburgh Attn XXX-XX-XXXX Ross Street 154 045 Pittsburgh,PA 152620001	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 462066212	35-6001673	501(C)(3)	111,812				GLOBAL HEALTH
(71) Arizona State University PO Box 875812 Tempe,AZ 85287	86-0196696	GOVERNMENT	768,860				EDUCATIONAL DEVELOPMENT
(72) George Mason Univer 4400 University Drive MSN 4C6 Fairfax,VA 220304422	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
(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 665061103	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
(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
(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 PO Box 19024 Seattle,WA 981091024	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
(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 PO Box 748872 Los Angeles,CA 900744872	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 Publich 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
(153) Health Decisions Inc 2510 Meridian Parkway Durham,NC 27713	56-1637045		71,581				GLOBAL HEALTH
(154) University of Notre Dame Controllers 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 PO 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			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

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

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.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	FHI 360 REQUIRES GRANTEES WITH MORE THAN $750,000 IN FEDERAL FUNDING TO SUMBIT A SINGLE AUDIT REPORT EACH YEAR. ANY FINDINGS MUST INCLUDE DETAILS OF HOW FINDINGS ARE TO BE CORRECTED. REPORTS ARE OBTAINED AS TO HOW FUNDS ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED. FHI 360 MAINTAINS INTERNAL CONTROLS REGARDING ENGAGING WITH A RECIPIENT AND MONITORING HOW FUNDS ARE MANAGED CONSISTENT WITH ALL APPLICABLE REGULATORY BODIES.

Additional Data

Return to Form

Software ID: 22016089
Software Version: 2022v5.0

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Family Health International Inc

Employer identification number
23-7413005

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☑ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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	(i)	484,068	0	4,951	36,600	1,509	527,128	0
CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	- 0	- 0	0
2 DEBORAH KENNEDY IRAHETA	(i)	348,082	8,000	3,871	55,350	2,161	417,464	0
CHIEF OPERATIONS OFFICER	(ii)	0	0	0	0	- 0	- 0	0
3 RASIKA PADMAPERUMA	(i)	301,999	4,500	2,351	36,600	22,684	368,134	0
CHIEF FINANCIAL OFFICER	(ii)	27,500	0	0	0	- 0	- 27,500	0
4 PAMELA MYERS	(i)	254,080	6,000	33,174	32,927	20,581	346,762	0
FORMER CHIEF HUMAN RESOURCE OFFICER	(ii)	0	0	0	0	- 0	- 0	0
5 KATHY STROKER	(i)	271,250	0	2,121	54,163	22,617	350,151	0
GENERAL COUNSEL	(ii)	0	0	0	0	- 0	- 0	0
6 TIMOTHY MASTRO	(i)	245,290	4,500	3,223	71,064	1,022	325,099	0
CHIEF SCIENCE OFFICER	(ii)	0	0	0	0	- 0	- 0	0
7 SEAN TEMEEMI	(i)	266,282	5,000	2,187	33,427	22,910	329,806	0
CHIEF COMPLIANCE OFFICER	(ii)	0	0	0	0	- 0	- 0	0
8 CHRISTINE NYIRJESY BRAGALE	(i)	171,629	3,000	3,345	21,140	819	199,933	0
DIRECTOR, COMMUNICATIONS (CORP	(ii)	0	0	0	0	- 0	- 0	0
9 JACQUELINE MCPHERSON	(i)	246,625	0	49,652	35,750	7,948	339,975	0
REGIONAL DIRECTOR	(ii)	0	0	0	0	- 0	- 0	0
10 LAURA KAYSER	(i)	277,734	5,000	2,365	33,947	8,644	327,690	0
DEPUTY COO	(ii)	0	0	0	0	- 0	- 0	0
11 NZAPFURUNDI CHABIKULI	(i)	241,885	4,350	2,094	50,690	20,553	319,572	0
DIR. OF GLOBAL HLTH, POPUL	(ii)	0	0	0	0	- 0	- 0	0
12 LANETA DORFLINGER	(i)	242,242	1,300	1,833	50,085	15,963	311,423	0
SCIENTIST	(ii)	0	0	0	0	- 0	- 0	0
13 LEILA ABU-GHEIDA	(i)	236,080	2,200	1,811	29,225	15,858	285,174	0
REGIONAL DIRECTOR	(ii)	0	0	0	0	- 0	- 0	0
14 NADRA FRANKLIN	(i)	235,898	0	1,803	29,280	15,861	282,842	0
DIRECTOR OF SOCIAL AND ECO	(ii)	0	0	0	0	- 0	- 0	0
15 ALETA WILLIAMS	(i)	222,817	3,000	5,192	28,477	15,830	275,316	0
DIR., BUSINESS DVLP & DIVE	(ii)	0	0	0	0	- 0	- 0	0
16 MICHAEL MAZZA	(i)	229,207	0	2,925	48,128	2,305	282,565	0
DIRECTOR, INFORMATION SOLU	(ii)	0	0	0	0	- 0	- 0	0
17 MATTHEW PIETZ	(i)	263,569	0	89,781	19,316	7,727	380,393	0
PROJECT DIRECTOR II	(ii)	0	0	0	0	- 0	- 0	0
18 MICHAEL CASSELL	(i)	283,285	0	35,417	23,356	7,811	349,869	0
TECHNICAL ADVISOR	(ii)	0	0	0	0	- 0	- 0	0
19 DORIS YOUNGS	(i)	226,031	2,000	54,738	45,603	6,152	334,524	0
PROJECT DIRECTOR I	(ii)	0	0	0	0	- 0	- 0	0
20 HAYLEY BRYANT	(i)	191,660	0	105,796	20,397	7,745	325,598	0
CHIEF OF PARTY	(ii)	0	0	0	0	- 0	- 0	0
21 STEPHEN MILLS	(i)	198,339	0	97,687	23,946	6,156	326,128	0
DIRECTOR PROJECT PORTFOLIO	(ii)	0	0	0	0	- 0	- 0	0
22 WELLINGTON PAK	(i)	0	0	122,090	0	0	122,090	0
DIRECTOR, BUSINESS STRATEGY	(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	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.

Additional Data

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Software Version: 2022v5.0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *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	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 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.
Form 990, Part VI, Line 15b Process to establish compensation of other 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

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	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 VIII, Line 2f Other Program Service Revenue	- Total Revenue: 7462071, Related or Exempt Function Revenue: 7462071, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	INTERCOMPANY ELIMINATIONS AND ADJUSTMENTS - 7117790;

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Family Health International Inc

Employer identification number
23-7413005

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FHI SOLUTIONS LLC 359 BLACKWELL STREET DURHAM, NC 27701 45-2462813	NUTRITION	NC	17,564,603	8,903,863	FHI 360
(2) FHI PARTNERS LLC 359 BLACKWELL STREET DURHAM, NC 27701 82-5145951	HEALTH, EDUCATION	NC	27,792,045	39,029,633	FHI 360

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 359 BLACKWELL STREET DURHAM, NC 27701 56-1719871	SUPPORT FHI 360	NC	501(c)(3)	Type I	FHI 360	Yes	
(2)FHI DISASTER RELIEF FUND 359 BLACKWELL STREET 200 DURHAM, NC 27701 45-3735754	DISASTER RELIEF	NC	501(c)(3)	7	FHI 360	Yes	
(3)FAMILY HEALTH INDIA	LOCAL HEALTH	IN			FHI 360	Yes	
(4) Family Health International (FHI 360) Kenya	LOCAL HEALTH	KE			FHI 360	Yes	
(5) Family Health International	LOCAL HEALTH	LT			FHI 360	Yes	
(6) Family Health International Nigeria	LOCAL HEALTH	NI			FHI 360	Yes	
(7)FHI 360 PNG Trust	LOCAL HEALTH	PP			FHI 360	Yes	
(8) Family Health International South Africa NPC	LOCAL HEALTH	SF			FHI 360	Yes	
(9)FHI 360 Trust	LOCAL HEALTH	ZI			FHI 360	Yes	
(10) Behaviors First Foundation	LOCAL HEALTH	IN			FHI 360	Yes	
(11)FHI 360 Egypt LLC	INACTIVE	EG			FHI 360	Yes	
(12) Family Health International (FHI 360) Poland Foundation	INACTIVE	PL			FHI 360	Yes	
(13) Family Health International	INACTIVE	TD			FHI 360	Yes	

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) Disproprtionate 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	

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)FHI VENTURES INC 359 BLACKWELL STREET SUITE 200 DURHAM, NC 22701 82-3688587	IMPACT INVESTING	NC	FHI 360	C Corporation	6,016			Yes	
(2)FHI CLINICAL INC 359 BLACKWELL STREET DURHAM, NC 22701 83-2853562	CLINICAL RESEARCH	DE	FHI 360	C Corporation	31,831,531			Yes	
(3)FHI 360 UK	SUSTAINABLE GOVERNANCE	UK	FHI 360	C Corporation	1,674,315			Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) FHI UK	Q	334,692	FMV
(7) FHI UK	O	207,485	FMV
(8) FHI Clinical	O	1,023,375	FMV

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**	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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