

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable: C Name of organization: INTRAHEALTH INTERNATIONAL, INC. D Employer identification number: 55-0825466
E Telephone number: (919) 313-9100
F Name and address of principal officer: POLLY DUNFORD
G Gross receipts \$: 76,242,173.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.INTRAHEALTH.ORG
K Form of organization: Corporation
L Year of formation: 2003
M State of legal domicile: NC

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer NIKOLOS OAKLEY, CFAO. Date.
Paid: Print/Type preparer's name KRISTEN BARNETT. Preparer's signature. Date 05/11/23. PTIN P01234578.
Preparer Use Only: Firm's name RSM US LLP. Firm's EIN 42-0714325. Firm's address 1001 WATER ST. STE. 500 TAMPA, FL 33602. Phone no. 813-316-2300.

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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 [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO IMPROVE THE PERFORMANCE OF HEALTH WORKERS AND STRENGTHEN THE SYSTEMS IN WHICH THEY WORK.

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 [X] 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 [X] 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 \$ 47,672,957. including grants of \$ 5,401,139.) (Revenue \$) HIV/AIDS, MALARIA, TUBERCULOSIS (TB), COVID-19, AND OTHER INFECTIOUS DISEASES - STRENGTHENING THE HEALTH WORKFORCE IS CRITICAL IN THE FIGHT AGAINST HIV/AIDS, MALARIA, THE RESURGENCE OF TB (A COMMON HIV CO-INFECTION), AND THE GROWING THREAT OF EMERGING INFECTIOUS DISEASES. THE COVID-19 PANDEMIC DEMONSTRATED THE FRAGILITY OF PUBLIC HEALTH SYSTEMS AND THE RISK HEALTH WORKERS FACE EVERY DAY DOING THEIR JOBS. INTRAHEALTH PROVIDES LEADERSHIP IN HELPING GOVERNMENTS BETTER MANAGE AND COMMUNICATE WITH THEIR HEALTH WORKERS TO PREVENT, DETECT, AND RESPOND TO HEALTH EMERGENCIES AS WELL AS TO SUSTAIN PROGRESS IN REDUCING THE IMPACT OF INFECTIOUS DISEASES. INTRAHEALTH HAS HELPED THE COUNTRY OF TANZANIA TO REACH MORE THAN 186,000 BOYS AND MEN WITH VOLUNTARY CIRCUMCISION TO REDUCE THEIR RISK OF CONTRACTING HIV.

4b (Code:) (Expenses \$ 16,891,123. including grants of \$ 4,961,713.) (Revenue \$) FAMILY PLANNING AND REPRODUCTIVE HEALTH/MATERNAL, NEWBORN, AND CHILD HEALTH - EVERY DAY, APPROXIMATELY 800 WOMEN DIE FROM PREVENTABLE CAUSES RELATED TO PREGNANCY AND CHILDBIRTH. EACH YEAR, NEARLY 3 MILLION BABIES DIE IN THEIR FIRST MONTH OF LIFE. FURTHER, AS MANY AS 232 MILLION WOMEN GLOBALLY HAVE UNMET NEED FOR FAMILY PLANNING. INTRAHEALTH APPLIES ITS MORE THAN 40 YEARS OF EXPERIENCE AND EXPERTISE WORKING IN OVER 100 COUNTRIES TO IMPROVE FAMILY PLANNING AND MATERNAL AND CHILD HEALTH PROGRAMS. INTRAHEALTH IS A LEADER IN DEVELOPING AND IMPLEMENTING INNOVATIVE, EFFECTIVE STRATEGIES TO SAVE AND IMPROVE WOMEN'S AND CHILDREN'S LIVES, INCLUDING EDUCATING COMMUNITIES TO SUPPORT WOMEN AND INFANTS THROUGH HEALTHY PREGNANCIES, SAFE BIRTHS, AND POSTPARTUM PERIODS; PREVENTING AND SURGICALLY REPAIRING OBSTETRIC FISTULA AND

4c (Code:) (Expenses \$ 5,097,418. including grants of \$ 2,038,433.) (Revenue \$) CHAMPIONING THE HEALTH WORKER - THE CURRENT WORLDWIDE SHORTAGE OF 7.2 MILLION HEALTH WORKERS IS PREDICTED TO RISE TO 18 MILLION BY 2030. AS A GLOBAL CHAMPION FOR HEALTH WORKERS, INTRAHEALTH IS COMMITTED TO ADDRESSING THIS CHALLENGE AND ADVOCATES FOR THE CRITICAL ROLE OF HEALTH WORKERS IN SAVING LIVES AND HELPING THE WORLD ACHIEVE THE UNITED NATIONS' 2015-2030 SUSTAINABLE DEVELOPMENT GOALS. PARTNERING GLOBALLY WITH MORE THAN 17,000 ENTITIES, INCLUDING GOVERNMENTS, NON-GOVERNMENTAL ORGANIZATIONS (NGOS), THE PRIVATE SECTOR, AND CIVIL SOCIETY, WE BRING CONTEXT-SPECIFIC, STATE-OF-THE-ART TECHNICAL ASSISTANCE AND CAPACITY BUILDING TO STRENGTHEN THE PERFORMANCE OF HEALTH WORKERS AND THE HEALTH SYSTEMS IN WHICH THEY WORK. OUR OPEN-SOURCE, USER-FRIENDLY DIGITAL SOLUTIONS PROVIDE LOCAL LEADERS WITH THE LATEST TOOLS TO ENSURE THAT

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 69,661,498.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 [X]

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, NC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records _____
 NIKOLOS OAKLEY, CFAO - (919) 313-9100
 6340 QUADRANGLE DRIVE, 200, CHAPEL HILL, NC 27517

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) POLLY DUNFORD PRESIDENT AND CEO	40.00			X				365,336.	0.	33,030.
(2) NIKOLOS OAKLEY CHIEF FINANCE & ADMIN. OFFICER	40.00			X				238,915.	0.	49,270.
(3) CHRISTOPHER CONSTANTIAN CHIEF GROWTH OFFICER (THRU 01/22)	40.00				X			239,406.	0.	21,797.
(4) MAQSODA MAQSODI CHIEF PROGRAM OFFICER	40.00			X				201,022.	0.	26,034.
(5) DAVID NELSON DIR. OF KNOWLEDGE MANAGEMENT	40.00					X		184,900.	0.	36,053.
(6) CATHERINE SCOTT PROGRAM DIRECTOR	40.00					X		173,965.	0.	42,920.
(7) YIDNEKACHEW TESSEMA VP HUMAN RESOURCES	40.00				X			184,905.	0.	17,836.
(8) MATTHEW MCMICHAELS DIRECTOR ICT	40.00					X		166,640.	0.	33,540.
(9) KATHERINE STRATTEN DEPUTY CHIEF PROGRAM OFFICER	40.00					X		160,115.	0.	35,758.
(10) ANNE CROWDER DIR. CONTRACTS & GRANTS	40.00					X		169,470.	0.	25,907.
(11) CHEICK TOURE CHIEF TECHNICAL OFFICER	40.00				X			0.	0.	169,446.
(12) MARIANNE VERMEER CHAIR OF THE BOARD	4.00	X						0.	0.	0.
(13) CARLOS ANDRES CORRECHA-PRICE DIRECTOR OF THE BOARD	1.00	X						0.	0.	0.
(14) MARY KAREN WILLIS CHAIR OF FINANCE AND AUDIT COMMITTEE	1.00	X						0.	0.	0.
(15) MICHELE MOLONEY-KITTS DIRECTOR OF THE BOARD	1.00	X						0.	0.	0.
(16) JEAN PHILBERT NSENGIMANA DIRECTOR OF THE BOARD	1.00	X						0.	0.	0.
(17) STEPHEN SNYDER DIRECTOR OF THE BOARD	1.00	X						0.	0.	0.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAPE GAYE DIRECTOR OF THE BOARD	1.00	X						0.	0.	0.
(19) GILBERT KOKWARO DIRECTOR OF THE BOARD	1.00	X						0.	0.	0.
1b Subtotal								2,084,674.	0.	491,591.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,084,674.	0.	491,591.

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 21

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
MANN GLOBAL HEALTH 704 HAWKS LANDING DRIVE, COLUMBUS, NC 28722	STRATEGY CONSULTANT	261,580.
RSM US LLP, 1861 INTERNATIONAL DRIVE SUITE 400, MCLEAN, VA 22102	AUDIT SERVICES	119,581.
PERTICCI AND ASSOCIATES LLC 802 NE 79TH ST, SEATTLE, WA 98115	ET TEAM COACHING	104,805.

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 3

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	71,018,591.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,223,582.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		76,242,173.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		76,242,173.	0.	0.	0.	

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 ...				
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	12,401,285.	12,401,285.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	605,099.	483,683.	121,212.	204.
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	26,479,234.	21,187,329.	5,283,017.	8,888.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	961,443.	769,297.	191,823.	323.
9 Other employee benefits	8,450,000.	6,523,504.	1,923,039.	3,457.
10 Payroll taxes	829,849.	664,002.	165,568.	279.
11 Fees for services (nonemployees):				
a Management				
b Legal	59,837.	47,879.	11,938.	20.
c Accounting	157,990.	126,416.	31,521.	53.
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 Sch O.)	7,306,911.	5,648,250.	1,649,734.	8,927.
12 Advertising and promotion				
13 Office expenses	5,541,505.	5,246,525.	292,558.	2,422.
14 Information technology				
15 Royalties				
16 Occupancy	1,630,281.	1,157,408.	472,873.	
17 Travel	8,930,717.	8,810,994.	119,723.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	5,352,873.	5,319,862.	33,011.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126,306.		126,306.	
23 Insurance	655,426.	218,210.	437,216.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	540,565.	362,780.	177,785.	
b TAXES	472,013.	470,126.	1,887.	
c EQUIPMENT & FURNITURE	223,948.	223,948.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	80,725,282.	69,661,498.	11,039,211.	24,573.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,490,827.	1	3,933,107.
	2 Savings and temporary cash investments	7,057,442.	2	8,434,992.
	3 Pledges and grants receivable, net	8,329,081.	3	4,346,029.
	4 Accounts receivable, net		4	
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,467,457.	9	1,048,664.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,860,101.		
	b Less: accumulated depreciation	10b 1,424,226.		
		42,791.	10c	435,875.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	2,310,540.	15	872,338.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,698,138.	16	19,071,005.	
Liabilities	17 Accounts payable and accrued expenses	9,621,113.	17	9,164,371.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	4,310,339.	25	4,377,357.
	26 Total liabilities. Add lines 17 through 25	13,931,452.	26	13,541,728.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,046,670.	27	3,574,526.
	28 Net assets with donor restrictions	8,720,016.	28	1,954,751.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	11,766,686.	32	5,529,277.
33 Total liabilities and net assets/fund balances	25,698,138.	33	19,071,005.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,242,173.
2	Total expenses (must equal Part IX, column (A), line 25)	2	80,725,282.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,483,109.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,766,686.
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	-1,754,300.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,529,277.

Part XII Financial Statements and Reporting

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

- 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?
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?
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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	98,252,112.	112,468,615.	88,183,431.	94,724,733.	76,242,173.	469,871,064.
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	98,252,112.	112,468,615.	88,183,431.	94,724,733.	76,242,173.	469,871,064.
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)						15,104,662.
6 Public support. Subtract line 5 from line 4.						454,766,402.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	98,252,112.	112,468,615.	88,183,431.	94,724,733.	76,242,173.	469,871,064.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				113.		113.
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						469,871,177.
12 Gross receipts from related activities, etc. (see instructions)					12	939,007.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	96.79 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	96.52 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

INTRAHEALTH INTERNATIONAL, INC.

Employer identification number

55-0825466

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization INTRAHEALTH INTERNATIONAL, INC.	Employer identification number 55-0825466
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 61,149,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 6,529,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,802,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,496,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,001,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTRAHEALTH INTERNATIONAL, INC.	Employer identification number 55-0825466
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization INTRAHEALTH INTERNATIONAL, INC.	Employer identification number 55-0825466
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization INTRAHEALTH INTERNATIONAL, INC. **Employer identification number** 55-0825466

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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)?

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

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

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

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		450,576.	450,576.	0.
d Equipment		21,787.	21,787.	0.
e Other		1,387,738.	951,863.	435,875.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				435,875.

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. (Col. (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. (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT LIABILITY	21,400.
(3) REFUNDABLE ADVANCES	4,355,957.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,377,357.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	78,631,191.
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	2,389,018.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,389,018.
3	Subtract line 2e from line 1		3	76,242,173.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	76,242,173.

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	83,114,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,389,018.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,389,018.
3	Subtract line 2e from line 1		3	80,725,282.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	80,725,282.

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.

PART X, LINE 2:

INTRAHEALTH IS ORGANIZED AS A NORTH CAROLINA NONPROFIT CORPORATION AND HAS

BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM

FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS

ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFY FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A)(VI) AND

(VIII), AND HAS BEEN DETERMINED NOT TO BE PRIVATE FOUNDATION UNDER IRC

SECTIONS 509(A)(1) AND (3), RESPECTIVELY. INTRAHEALTH IS ANNUALLY REQUIRED

TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH

THE IRS. IN ADDITION, INTRAHEALTHY IS SUBJECT TO INCOME TAX ON NET INCOME

THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT

PURPOSE. WE HAVE DETERMINED THAT INTRAHEALTH IS NOT SUBJECT TO UNRELATED

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization INTRAHEALTH INTERNATIONAL, INC.	Employer identification number 55-0825466
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	5	298	PROGRAM SERVICES	DEVELOP AND PROMOTE EFFECTIVE SOLUTIONS TO HEALTH CHALLENGES	9,257,772.
RUSSIA AND NEIGHBORING STATES	2	11	PROGRAM SERVICES	DEVELOP AND PROMOTE EFFECTIVE SOLUTIONS TO HEALTH CHALLENGES	382,101.
SUB-SAHARAN AFRICA	15	410	PROGRAM SERVICES	DEVELOP AND PROMOTE EFFECTIVE SOLUTIONS TO HEALTH CHALLENGES	52,933,166.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		953,150.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		11,448,135.
3 a Subtotal	22	719			74,974,324.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	22	719			74,974,324.

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

Schedule F (Form 990) 2021

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)
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES	182,753.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES	289,065.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES	91,426.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES	40,348.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES	53,445.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES	79,688.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES	85,056.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES	43,737.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 69

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES	28,481.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE HEALTH FOR WOMEN AND CHILDREN IN BY STRENGTHENING HEALTH SERVICES AND	39,855.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE HEALTH FOR WOMEN AND CHILDREN IN BY STRENGTHENING HEALTH SERVICES AND	589,418.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE HEALTH FOR WOMEN AND CHILDREN IN BY STRENGTHENING HEALTH SERVICES AND	10,816.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE HEALTH FOR WOMEN AND CHILDREN IN BY STRENGTHENING HEALTH SERVICES AND	10,637.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ACCELERATE THE SCALE- UP OF VMMC FOR HIV PREVENTION FOR MAXIMUM PUBLIC HEALTH	172,016.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ACCELERATE THE SCALE- UP OF VMMC FOR HIV PREVENTION FOR MAXIMUM PUBLIC HEALTH	49,824.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ACCELERATE THE SCALE- UP OF VMMC FOR HIV PREVENTION FOR MAXIMUM PUBLIC HEALTH	176,628.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ACCELERATE THE SCALE- UP OF VMMC FOR HIV PREVENTION FOR MAXIMUM PUBLIC HEALTH	325,410.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	21,797.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	17,356.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	27,436.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	24,044.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	33,395.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	79,734.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	46,520.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	67,056.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	885,025.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	35,812.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS,	183,703.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO AVERT NEW HIV INFECTIONS AMONG ADOLESCENT GIRLS AND YOUNG WOMEN THROUGH A	31,282.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO AVERT NEW HIV INFECTIONS AMONG ADOLESCENT GIRLS AND YOUNG WOMEN THROUGH A	91,939.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	512,225.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	694,784.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	60,827.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	147,087.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	291,730.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	46,169.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	46,410.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	42,403.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	63,516.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	64,837.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO	59,741.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO SUSTAIN EPIDEMIC CONTROL UNDER THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF	114,583.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	27,807.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	19,500.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	19,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	416,390.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	313,745.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	10,225.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	66,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	97,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	66,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH SUDANESE BY INCREASING	35,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PREPARE LOCAL ORGANIZATIONS AND GOVERNMENT ENTITIES TO HAVE THE	20,898.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO PREPARE LOCAL ORGANIZATIONS AND GOVERNMENT ENTITIES TO HAVE THE	903,475.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PREPARE LOCAL ORGANIZATIONS AND GOVERNMENT ENTITIES TO HAVE THE	168,604.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PREPARE LOCAL ORGANIZATIONS AND GOVERNMENT ENTITIES TO HAVE THE	66,006.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PREPARE LOCAL ORGANIZATIONS AND GOVERNMENT ENTITIES TO HAVE THE	879,450.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE THE BENEFITS OF FAMILY PLANNING AND IMPROVE THE QUALITY OF FAMILY	21,902.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE THE BENEFITS OF FAMILY PLANNING AND IMPROVE THE QUALITY OF FAMILY	61,138.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE THE BENEFITS OF FAMILY PLANNING AND IMPROVE THE QUALITY OF FAMILY	8,549.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE THE BENEFITS OF FAMILY PLANNING AND IMPROVE THE QUALITY OF FAMILY	35,972.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU PARTNERSHIP COUNTRIES	437,460.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU PARTNERSHIP COUNTRIES	67,361.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU PARTNERSHIP COUNTRIES	18,017.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU PARTNERSHIP COUNTRIES	21,056.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU PARTNERSHIP COUNTRIES	43,184.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU PARTNERSHIP COUNTRIES	165,909.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROVIDE COORDINATION TO LOCAL COALITION TO EXPAND FAMILY PLANNING IN	1,503,399.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	6,717.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	6,948.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	70,111.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	21,389.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	22,429.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	21,902.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	10,169.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	8,941.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	63,643.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN WEST AFRICA TO IMPROVE	123,098.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROVIDE COORDINATION TO LOCAL COALITION TO EXPAND FAMILY PLANNING IN	312,206.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO PROVIDE COORDINATION TO LOCAL COALITION TO EXPAND FAMILY PLANNING IN	188,320.	WIRE TRANSFER	0.		

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.

PART I, LINE 2:

INTRAHEALTH USES A TEAM-BASED APPROACH THAT INVOLVES MULTIPLE STAFF FROM BOTH THE FIELD AND US OFFICES IN SUPPORT OF SUBRECIPIENT MONITORING ACTIVITIES. ALL STAFF ARE RESPONSIBLE FOR COMPLYING WITH THE SUBAWARD POLICY AND PROCEDURES. THE PROGRAM DIRECTOR (FOR US-BASED SUBS) AND/OR CHIEF OF PARTY (FOR LOCALLY BASED SUBS) MAY ASSIGN RESPONSIBILITY FOR IMPLEMENTING THE SUBRECIPIENT MONITORING PLAN TO SPECIFIC PROGRAM STAFF. INTRAHEALTH USES TWO MAJOR METHODS BY WHICH INTRAHEALTH ENSURES THAT SUBRECIPIENTS ARE IN COMPLIANCE. THOSE TWO METHODS ARE DESK MONITORING AND ON-SITE MONITORING.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES AND ENROLL AND RETAIN AS MANY PEOPLE LIVING WITH HIV AS POSSIBLE ON TREATMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES AND ENROLL AND RETAIN AS MANY PEOPLE LIVING WITH HIV AS POSSIBLE ON TREATMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REACH KEY POPULATIONS WITH HIGH-QUALITY,

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.

STIGMA-FREE SERVICES AND ENROLL AND RETAIN AS MANY PEOPLE LIVING WITH HIV

AS POSSIBLE ON TREATMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REACH KEY POPULATIONS WITH HIGH-QUALITY,

STIGMA-FREE SERVICES AND ENROLL AND RETAIN AS MANY PEOPLE LIVING WITH HIV

AS POSSIBLE ON TREATMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REACH KEY POPULATIONS WITH HIGH-QUALITY,

STIGMA-FREE SERVICES AND ENROLL AND RETAIN AS MANY PEOPLE LIVING WITH HIV

AS POSSIBLE ON TREATMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REACH KEY POPULATIONS WITH HIGH-QUALITY,

STIGMA-FREE SERVICES AND ENROLL AND RETAIN AS MANY PEOPLE LIVING WITH HIV

AS POSSIBLE ON TREATMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REACH KEY POPULATIONS WITH HIGH-QUALITY,

STIGMA-FREE SERVICES AND ENROLL AND RETAIN AS MANY PEOPLE LIVING WITH HIV

AS POSSIBLE ON TREATMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REACH KEY POPULATIONS WITH HIGH-QUALITY,

STIGMA-FREE SERVICES AND ENROLL AND RETAIN AS MANY PEOPLE LIVING WITH HIV

AS POSSIBLE ON TREATMENT.

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.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO REACH KEY POPULATIONS WITH HIGH-QUALITY, STIGMA-FREE SERVICES AND ENROLL AND RETAIN AS MANY PEOPLE LIVING WITH HIV AS POSSIBLE ON TREATMENT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE HEALTH FOR WOMEN AND CHILDREN IN BY STRENGTHENING HEALTH SERVICES AND MAKING THEM ACCESSIBLE TO MORE PEOPLE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE HEALTH FOR WOMEN AND CHILDREN IN BY STRENGTHENING HEALTH SERVICES AND MAKING THEM ACCESSIBLE TO MORE PEOPLE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE HEALTH FOR WOMEN AND CHILDREN IN BY STRENGTHENING HEALTH SERVICES AND MAKING THEM ACCESSIBLE TO MORE PEOPLE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE HEALTH FOR WOMEN AND CHILDREN IN BY STRENGTHENING HEALTH SERVICES AND MAKING THEM ACCESSIBLE TO MORE PEOPLE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ACCELERATE THE SCALE- UP OF VMMC FOR HIV PREVENTION FOR MAXIMUM PUBLIC HEALTH IMPACT.

REGION: SUB-SAHARAN AFRICA

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.

(D) PURPOSE OF GRANT: TO ACCELERATE THE SCALE- UP OF VMMC FOR HIV

PREVENTION FOR MAXIMUM PUBLIC HEALTH IMPACT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ACCELERATE THE SCALE- UP OF VMMC FOR HIV

PREVENTION FOR MAXIMUM PUBLIC HEALTH IMPACT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ACCELERATE THE SCALE- UP OF VMMC FOR HIV

PREVENTION FOR MAXIMUM PUBLIC HEALTH IMPACT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE

QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE

QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE

QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE

QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO STRENGTHEN HEALTH SYSTEMS AND IMPROVING THE QUALITY OF INTEGRATED HIV/AIDS, TB, MNCH, RH, AND NUTRITION SERVICES.

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO AVERT NEW HIV INFECTIONS AMONG ADOLESCENT GIRLS AND YOUNG WOMEN THROUGH A COMBINATION OF HIV PREVENTION AND IMPACT-MITIGATION INTERVENTIONS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO AVERT NEW HIV INFECTIONS AMONG ADOLESCENT GIRLS AND YOUNG WOMEN THROUGH A COMBINATION OF HIV PREVENTION AND IMPACT-MITIGATION INTERVENTIONS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA

SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA

SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA

SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA

SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA

SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA

SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE THE QUALITY OF RMNCH AND MALARIA

SERVICES SUSTAINABLY, TO REDUCE INFANT AND MATERNAL MORTALITY

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH

SUDANESE BY INCREASING PREVENTION, CARE, TREATMENT AND RETENTION SERVICES

FOR AT RISK MEN, WOMEN, CHILDREN AND KPS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO DECREASE MORBIDITY AND MORTALITY AMONG SOUTH

SUDANESE BY INCREASING PREVENTION, CARE, TREATMENT AND RETENTION SERVICES

FOR AT RISK MEN, WOMEN, CHILDREN AND KPS.

REGION: SUB-SAHARAN AFRICA

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FOR AT RISK MEN, WOMEN, CHILDREN AND KPS.

REGION: SUB-SAHARAN AFRICA

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SUDANESE BY INCREASING PREVENTION, CARE, TREATMENT AND RETENTION SERVICES

FOR AT RISK MEN, WOMEN, CHILDREN AND KPS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PREPARE LOCAL ORGANIZATIONS AND GOVERNMENT

ENTITIES TO HAVE THE CAPABILITIES AND RESOURCES TO SERVE AS PRIME

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.

PARTNERS FOR USAID AND US PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

(PEPFAR) PROGRAMMING.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PREPARE LOCAL ORGANIZATIONS AND GOVERNMENT

ENTITIES TO HAVE THE CAPABILITIES AND RESOURCES TO SERVE AS PRIME

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REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE THE BENEFITS OF FAMILY PLANNING AND
IMPROVE THE QUALITY OF FAMILY PLANNING SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE THE BENEFITS OF FAMILY PLANNING AND
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REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU
PARTNERSHIP COUNTRIES OF WEST AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU
PARTNERSHIP COUNTRIES OF WEST AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU
PARTNERSHIP COUNTRIES OF WEST AFRICA

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU

PARTNERSHIP COUNTRIES OF WEST AFRICA

REGION: SUB-SAHARAN AFRICA

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PARTNERSHIP COUNTRIES OF WEST AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPROVE NUTRITION AND RMNCH IN NINE OUAGADOUGOU

PARTNERSHIP COUNTRIES OF WEST AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE COORDINATION TO LOCAL COALITION TO

EXPAND FAMILY PLANNING IN WEST AFRICA REGION AND TRANSITION LEADERSHIP

TO A LOCAL ORGANIZATION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN

WEST AFRICA TO IMPROVE QUALITY OF FAMILY PLANNING SERVICES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN

WEST AFRICA TO IMPROVE QUALITY OF FAMILY PLANNING SERVICES

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Part V Supplemental Information

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(D) PURPOSE OF GRANT: TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN

WEST AFRICA TO IMPROVE QUALITY OF FAMILY PLANNING SERVICES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN

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REGION: SUB-SAHARAN AFRICA

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REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE URBAN REPRODUCTIVE HEALTH PROGRAM IN

WEST AFRICA TO IMPROVE QUALITY OF FAMILY PLANNING SERVICES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE COORDINATION TO LOCAL COALITION TO

EXPAND FAMILY PLANNING IN WEST AFRICA REGION AND TRANSITION LEADERSHIP

TO A LOCAL ORGANIZATION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE COORDINATION TO LOCAL COALITION TO

EXPAND FAMILY PLANNING IN WEST AFRICA REGION AND TRANSITION LEADERSHIP

TO A LOCAL ORGANIZATION

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **INTRAEALTH INTERNATIONAL, INC.**
 Employer identification number: **55-0825466**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) POLLY DUNFORD PRESIDENT AND CEO	(i)	295,936.	46,400.	23,000.	23,836.	9,194.	398,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NIKOLOS OAKLEY CHIEF FINANCE & ADMIN. OFFICER	(i)	224,233.	14,682.	0.	19,823.	29,447.	288,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTOPHER CONSTANTIAN CHIEF GROWTH OFFICER (THRU 01/22)	(i)	225,362.	14,044.	0.	18,998.	2,799.	261,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MAQSODA MAQSODI CHIEF PROGRAM OFFICER	(i)	192,041.	8,981.	0.	16,258.	9,776.	227,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID NELSON DIR. OF KNOWLEDGE MANAGEMENT	(i)	178,981.	5,919.	0.	15,231.	20,822.	220,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CATHERINE SCOTT PROGRAM DIRECTOR	(i)	169,651.	4,314.	0.	15,107.	27,813.	216,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) YIDNEKACHEW TESSEMA VP HUMAN RESOURCES	(i)	175,905.	9,000.	0.	14,554.	3,282.	202,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MATTHEW MCMICHAELS DIRECTOR ICT	(i)	161,043.	5,597.	0.	14,183.	19,357.	200,180.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KATHERINE STRATTEN DEPUTY CHIEF PROGRAM OFFICER	(i)	156,115.	4,000.	0.	12,091.	23,667.	195,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANNE CROWDER DIR. CONTRACTS & GRANTS	(i)	165,403.	4,067.	0.	14,247.	11,660.	195,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHEICK TOURE CHIEF TECHNICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	169,446.	0.	0.	0.	0.	169,446.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

INTRAHEALTH INTERNATIONAL, INC.

Employer identification number

55-0825466

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMITTED TO THE VISION OF AN AIDS-FREE GENERATION, INTRAHEALTH

COLLABORATES WITH HEALTH CARE LEADERS, HEALTH WORKERS, AND COMMUNITIES

TO INCREASE ACCESS TO HIV/AIDS PREVENTION, TREATMENT, AND CARE

SERVICES. THIS YEAR, MORE THAN 930,000 PEOPLE RECEIVED HIV COUNSELING

AND TESTING AND 150,000 HIV-POSITIVE INDIVIDUALS WERE PROVIDED WITH

ANTIRETROVIRAL TREATMENT THROUGH PROGRAMS SUPPORTED BY INTRAHEALTH.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HELPING TO REINTEGRATE THESE WOMEN INTO THEIR COMMUNITIES; AND TRAINING

FRONTLINE HEALTH WORKERS TO DELIVER FAMILY PLANNING SERVICES WITH AN

EMPHASIS ON VULNERABLE GROUPS INCLUDING ADOLESCENTS AND WOMEN LIVING

WITH HIV/AIDS. THIS YEAR ALONE, INTRAHEALTH HELPED TO ENABLE OVER

930,000 YEARS OF PROTECTION FROM UNWANTED PREGNANCY PROVIDED TO COUPLES

THROUGH CONTRACEPTIVES AND MORE THAN 490,000 WOMEN GIVE BIRTH WITH

ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH WORKERS ARE PRESENT WHERE THEY ARE NEEDED MOST, READY WITH

SKILLS TO DELIVER HIGH-QUALITY CARE, CONNECTED TO NETWORKS AND

RESOURCES THAT SUPPORT HIGH PERFORMANCE, AND SAFE TO PROVIDE SERVICES

IN ENVIRONMENTS THAT PROMOTE DIGNITY AND EQUALITY. INTRAHEALTH OFFERS

PROGRAMS THAT INCREASE THE CAPACITY OF HEALTH WORKER TRAINING SCHOOLS

TO PRODUCE MORE GRADUATES, STRENGTHEN INFORMATION AND MANAGEMENT

SYSTEMS TO BETTER SUPPORT HEALTH WORKERS ON THE JOB, AND IMPROVE THE

QUALITY OF PRIMARY HEALTH CARE DELIVERED TO THE LAST MILE. THIS YEAR,

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

Schedule O (Form 990) 2021

Name of the organization INTRAHEALTH INTERNATIONAL, INC.	Employer identification number 55-0825466
---	--

INTRAHEALTH REACHED OVER 390,000 HEALTH WORKERS AROUND THE WORLD WITH
NEEDED SUPPORT.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CONGO, DEM REP, DOMINICAN REPUBLIC, ETHIOPIA, GUATEMALA,
INDIA, KENYA, MALI, NAMIBIA,
SENEGAL, SOUTH SUDAN, TAJIKISTAN, TANZANIA,
UGANDA, OTHER COUNTRY, ZAMBIA, BURKINA FASO,
RWANDA

FORM 990, PART VI, SECTION A, LINE 6:

IN SEPTEMBER 2017, INTRAHEALTH INTERNATIONAL BOARD OF DIRECTORS RESOLVED TO
ENTER INTO AN AFFILIATION AGREEMENT WITH DAI GLOBAL WHICH INCLUDED THE
ADDITION OF DAI AS A SOLE MEMBER OF INTRAHEALTH INTERNATIONAL. AT THAT
TIME, ARTICLES OF INCORPORATION AND BYLAWS OF THE COMPANY WERE RE-STATED.
THE INTRAHEALTH BOARD, WHICH INCLUDES 2 MEMBERS APPOINTED BY DAI, CONTINUES
TO GOVERN THE ORGANIZATION, PAYING SPECIAL ATTENTION TO THE ARMS-LENGTH
RELATIONSHIP WITH DAI.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE
CHIEF FINANCIAL OFFICER. A COPY OF THE FINAL FORM 990 WAS THEN PROVIDED TO
EACH BOARD MEMBER BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

INTRAHEALTH'S CONFLICT OF INTEREST POLICY WAS COMMUNICATED TO ALL
INTRAHEALTH EMPLOYEES AND IS POSTED ON THE ORGANIZATION'S POLICY SITE FOR
EVERY EMPLOYEE'S REFERENCE. ANNUALLY, COMPLETED AND SIGNED CONFLICT OF

Name of the organization INTRAHEALTH INTERNATIONAL, INC.	Employer identification number 55-0825466
---	--

INTEREST DISCLOSURE FORMS AND GIFT POLICY AND DISCLOSURE FORMS ARE COLLECTED FROM ALL EMPLOYEES WORKING IN INTRAHEALTH'S US OFFICES AND FROM THE CHIEFS OF PARTY WORKING IN THE FIELD OFFICES. IF THE EXECUTIVE TEAM OR BOARD HAS REASONABLE CAUSE TO BELIEVE THERE HAS BEEN A VIOLATION OF THE CONFLICT OF INTEREST POLICY AND THAT AN EMPLOYEE OR BOARD MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, THE EMPLOYEE WILL BE INFORMED BY HIS/HER DIVISION VICE PRESIDENT AND THE BOARD MEMBER WILL BE INFORMED BY THE BOARD CHAIR OF THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE EMPLOYEE OR BOARD MEMBER AND MAKING FURTHER INVESTIGATION AS MAY BE WARRANTED UNDER THE CIRCUMSTANCES, THE EXECUTIVE TEAM OR BOARD DETERMINES THAT THE EMPLOYEE OR BOARD MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE ORGANIZATION TAKES APPROPRIATE CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

INTRAHEALTH INTERNATIONAL USED EXTERNAL SALARY MARKET SURVEY DATA TO PERFORM COMPENSATION STUDIES FROM MULTIPLE COMPARATIVE SOURCES (NOT-FOR-PROFIT, HEALTHCARE, GOVERNMENT, EXECUTIVE). THIS DATA IS USED TO BENCHMARK THE EXISTING SALARY STRUCTURE, WHICH MAY RESULT IN ADDING/REMOVING SALARY GRADES AS WELL AS ADJUSTING THE MINIMUM AND MAXIMUM SALARIES ASSOCIATED WITH GRADE LEVELS, INCLUDING OFFICERS AND KEY EMPLOYEE POSITIONS IN THE ORGANIZATION. ALL EMPLOYEES ARE BENCHMARKED AGAINST THE APPROPRIATE SALARY GRADE BASED ON YEARS OF RELEVANT EXPERIENCE, EDUCATION, AND INTERNAL EQUITY TO DETERMINE THE SALARY OFFER IN THE HIRING PROCESS. IN ADDITION TO THESE SALARY STRUCTURE REVIEWS, THE VICE PRESIDENT OF HUMAN RESOURCES COORDINATES THE ANNUAL EXTERNAL REVIEW OF THE CEO AND THE CFAO COMPENSATION FOR THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE, WHO REVIEW AND APPROVE THEIR COMPENSATION AS APPROPRIATE. THE DECISION OF THE

Name of the organization INTRAHEALTH INTERNATIONAL, INC.	Employer identification number 55-0825466
---	--

COMMITTEE IS DOCUMENTED IN BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

INTRAHEALTH INTERNATIONAL POSTS ITS ANNUAL REPORT AND ANNUAL FINANCIAL STATEMENTS ON OUR WEBSITE, WWW.INTRAHEALTH.ORG. INTRAHEALTH'S FINANCIAL STATEMENTS ALSO ARE AVAILABLE ON WWW.GUIDESTAR.ORG AND THROUGH VARIOUS GOVERNMENTAL AGENCIES. INTRAHEALTH'S CONFLICT OF INTEREST POLICY AND OTHER INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART VII, SECTION A, COLUMN (F):

CHEICK TOURE IS PAID BY ONE OF THE ORGANIZATION'S FIELD OFFICES, AND IS NOT REQUIRED TO FILE A US FORM W-2 OR FORM 1099. THE COMPENSATION IS PROPERLY REPORTED IN PART VII AND SCHEDULE J OF FORM 990.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. INTRAHEALTH INTERNATIONAL, INC.	Taxpayer identification number (TIN) 55-0825466
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6340 QUADRANGLE DRIVE, 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHAPEL HILL, NC 27517	

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

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

NIKOLOS OAKLEY, CFAO

- The books are in the care of ▶ 6340 QUADRANGLE DRIVE, 200 - CHAPEL HILL, NC 27517

Telephone No. ▶ (919) 313-9100 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 .

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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