Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JHPIEGO CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
3910 KESWICK ROAD N4327B

City or town, state or province, country, and ZIP or foreign postal code
BALTIMORE, MD 21211

D Employer identification number
23-7424444

E Telephone number
(410) 537-1800

G Gross receipts $ 361,629,672

F Name and address of principal officer:
LESLIE MANCUSO
3910 KESWICK ROAD N4327B
BALTIMORE,MD 21211

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

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

H(c) Group exemption number ▶ 8238

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

J Website: ▶ WWW.JHPIEGO.ORG

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

L Year of formation: 1973

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
JHPIEGO CREATES AND DELIVERS TRANSFORMATIVE HEALTH CARE SOLUTIONS THAT SAVE LIVES. IN PARTNERSHIP WITH NATIONAL GOVERNMENTS, HEALTH EXPERTS, AND LOCAL COMMUNITIES, JHPIEGO BUILDS HEALTH PROVIDERS' SKILLS AND DEVELOPS SYSTEMS THAT SAVE LIVES NOW AND GUARANTEE HEALTHIER FUTURES FOR WOMEN AND THEIR FAMILIES.

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

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

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	225,992,889	312,057,413
	9	Program service revenue (Part VIII, line 2g)	26,624,231	49,467,910
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,326,164	18,079
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-87,536	10,248
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	253,855,748	361,553,650
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,120,298	73,140,256
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,041,078	87,205,370
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶846,145		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	139,567,825	189,529,935
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	249,729,201	349,875,561
	19	Revenue less expenses. Subtract line 18 from line 12	4,126,547	11,678,089
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	169,264,130	186,093,351
	21	Total liabilities (Part X, line 26)	69,095,311	74,246,443
	22	Net assets or fund balances. Subtract line 21 from line 20	100,168,819	111,846,908

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2023-05-15

▶ ABHISHEK BHASIN CHIEF OPERATING & FINANCE OFC
Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

JHPIEGO CREATES AND DELIVERS TRANSFORMATIVE HEALTH CARE SOLUTIONS THAT SAVE LIVES. IN PARTNERSHIP WITH NATIONAL GOVERNMENTS, HEALTH EXPERTS, AND LOCAL COMMUNITIES, JHPIEGO BUILDS HEALTH PROVIDERS' SKILLS AND DEVELOPS SYSTEMS THAT SAVE LIVES NOW AND GUARANTEE HEALTHIER FUTURES FOR WOMEN AND THEIR FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 337,934,538 including grants of $ 73,140,256) (Revenue $ 49,467,910)

JHPIEGO ENHANCES THE HEALTH AND LIVES OF WOMEN AND FAMILIES IN LOW-RESOURCE SETTINGS. JHPIEGO WORKS TO EMPOWER FRONT-LINE HEALTH WORKERS IN DEVELOPING COUNTRIES BY IMPLEMENTING EFFECTIVE, LOW-COST, HANDS-ON SOLUTIONS TO STRENGTHEN THE DELIVERY OF HEALTH CARE FOR WOMEN AND THEIR FAMILIES IN LOW-RESOURCE SETTINGS. BY ESTABLISHING EVIDENCE-BASED HEALTH INNOVATIONS INTO EVERYDAY HEALTH CARE SETTINGS, JHPIEGO WORKS TO BREAK DOWN BARRIERS TO HIGH-QUALITY HEALTH CARE FOR THE WORLD'S MOST VULNERABLE POPULATIONS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ 337,934,538

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country: ▶ AF, BG, BC, UV, CM, CD, CG, IV, ET, GH, GV, IN, ID, KE, LT, LI, MA, MI, MZ, WA, NP, NI, PK, RP, RW, SF, OD, TZ, TO, UG, ZA, GT, WZ, BM, SL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		No
16	Is the organization subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule N.		16		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	5		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OR,PA,RI,SC,TN,UT,VA,WV,WI

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶SCOTT JONAS JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N5112 BALTIMORE,MD 21211
(443) 997-8688

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SUNIL KUMAR PHD VICE CHAIR, DIRECTOR	1.00 50.00	X		X				0	1,783,394	159,027
(2) LESLIE MANCUSO PHD RN FAAN PRESIDENT/CEO, DIRECTOR	50.00	X		X				0	477,056	110,590
(3) DENIS WIRTZ PHD DIRECTOR	1.00 50.00	X						0	419,087	78,749
(4) JONATHAN LINKS PHD CHAIR, DIRECTOR	1.00 50.00	X		X				0	406,314	81,926
(5) NANCY GLASS PHD MPH RN FAAN DIRECTOR	1.00 50.00	X						0	242,171	47,752
(6) ABHISHEK BHASIN CHIEF OPERATING & FINANCE	50.00			X				0	295,642	24,802
(7) BERNADETTE CHAANNER EDTP CHIEF HUMAN RES. AND ADMIN	50.00				X			0	199,121	235
(8) KOKI AGARWAL MBBS PHD DIRECTOR MCHIP/VP DC OPS	50.00				X			0	279,429	52,107
(9) RICHARD LAMPORTE VP, NEW PROGRAM DEVELOPMENT	50.00				X			0	252,064	74,003
(10) DEBORA BOSSEMEYER BSN MSED VICE PRES GLOBAL PROGRAMS	50.00				X			0	237,332	53,724
(11) WENDY TAYLOR VP, TECH LEADERSHIP & INNOVATION	50.00				X			0	250,683	15,048
(12) EDGAR NECOCHEA SR DIRECTOR - GLOBAL PROGRAM OP	50.00					X		0	271,607	49,201
(13) MELODY MCCOY VP, GLOBAL ENG. & COMM.	50.00					X		0	252,261	48,593
(14) TSIGUE PLEAH TECHNICAL DIRECTOR	50.00					X		0	252,680	39,328
(15) EMILY CHRISTENSEN SR DIR, HIV & INFECTIOUS DISEASE	50.00					X		0	259,359	51,293
(16) SHOA GIRMA COUNTRY DIRECTOR, ETHIOPIA	50.00					X		0	256,957	14,760
(17) ALAIN DAMIBA MD MPH MBA FORMER SR VP, GLOBAL PROG/TECH	50.00						X	0	236,928	34,813

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) MANJUSHREE BADLANI MA SPHR FORMER CHIEF HUMAN RES. AND ADMIN	50.00						X	0	108,782	13,150
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	6,480,867	949,101

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 ▶ 125

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

Section B. Independent Contractors

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

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

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 ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c	157,254		
	d Related organizations	1d			
	e Government grants (contributions)	1e	234,338,023		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	77,562,136		
	g Noncash contributions included in lines 1a - 1f:$	1g			
	h **Total.** Add lines 1a-1f . . . . . ▶		312,057,413		

Program Service Revenue	Business Code				
2a CONTRACT REVENUE	541700	49,467,910	49,467,910		
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	49,467,910				

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		94,101			94,101
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		

d Net rental income or (loss) . . . . . ▶

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a						
b Less: cost or other basis and sales expenses	7b		76,022				
c Gain or (loss)	7c		-76,022				
d Net gain or (loss) . . . . . ▶				-76,022			-76,022

8a Gross income from fundraising events (not including $ 157,254 of contributions reported on line 1c). See Part IV, line 18	8a	10,248				
b Less: direct expenses	8b	0				
c Net income or (loss) from fundraising events . . ▶			10,248			10,248
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . . ▶						
10a 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	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See instructions . . . . . ▶		361,553,650	49,467,910	0	28,327

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	37,777,953	37,777,953		
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.	35,362,303	35,362,303		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	66,610,729	66,610,729		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17,326,925	17,181,019	145,906	
10 Payroll taxes	3,267,716	3,267,716		
11 Fees for services (non-employees):				
a Management	10,152,263	10,061,070	85,939	5,254
b Legal	334,631	145,971	187,893	767
c Accounting	963,860		963,860	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	35,292,157	33,726,617	1,551,876	13,664
12 Advertising and promotion	921,763	898,036	16,015	7,712
13 Office expenses	27,268,080	26,967,305	296,055	4,720
14 Information technology	2,817,456	2,384,002	433,042	412
15 Royalties	375,842	371,768	3,719	355
16 Occupancy	7,815,981	7,584,987	226,040	4,954
17 Travel	44,080,787	43,894,170	182,706	3,911
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,162,582	2,152,652	9,431	499
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,124,425	1,124,425		
23 Insurance	973,163	166,860	806,303	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LEASED EMPLOYEES	47,830,861	41,069,144	5,958,040	803,677
b REASEARCH/LABORATORY EX	7,372,360	7,148,103	224,257	
c OTHER MISCELLANEOUS	43,724	39,708	3,796	220
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	349,875,561	337,934,538	11,094,878	846,145
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		23,759,232	1	31,359,736
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		47,287,970	3	47,870,965
	4	Accounts receivable, net		35,410	4	13,994
	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		8,302	8	8,302
	9	Prepaid expenses and deferred charges		4,489,144	9	3,380,270
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,018,879			
	b	Less: accumulated depreciation	10b 15,274,033	1,902,216	10c	744,846
	11	Investments—publicly traded securities		3,670,469	11	3,433,865
	12	Investments—other securities. See Part IV, line 11		4,803,479	12	3,993,077
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		83,307,908	15	95,288,296
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		169,264,130	16	186,093,351
Liabilities	17	Accounts payable and accrued expenses		19,542,170	17	27,001,281
	18	Grants payable		4,945,122	18	5,376,679
	19	Deferred revenue		41,487,726	19	37,636,276
	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		3,120,293	25	4,232,207
	26	**Total liabilities.** Add lines 17 through 25		69,095,311	26	74,246,443
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		100,168,819	27	111,846,908
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		100,168,819	32	111,846,908
	33	Total liabilities and net assets/fund balances		169,264,130	33	186,093,351

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	361,553,650
2	Total expenses (must equal Part IX, column (A), line 25)	2	349,875,561
3	Revenue less expenses. Subtract line 2 from line 1	3	11,678,089
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	100,168,819
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	111,846,908

Part XII Financial Statements and Reporting

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

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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	400,927,257	381,242,387	260,139,378	225,992,889	312,001,301	1,580,303,212
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	400,927,257	381,242,387	260,139,378	225,992,889	312,001,301	1,580,303,212
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) . .						101,996,777
6 **Public support.** Subtract line 5 from line 4.						1,478,306,435

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. .	400,927,257	381,242,387	260,139,378	225,992,889	312,001,301	1,580,303,212
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	319,691	603,999	614,078	1,326,164	94,101	2,958,033
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						1,583,261,245

12 Gross receipts from related activities, etc. (see instructions) **12** 123,695,261

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 93.370 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 95.720 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c 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

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17
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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

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

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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
JHPIEGO CORPORATION

Employer identification number
23-7424444

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,354,298	4,796,817	4,961,080	4,961,933	
b Contributions					5,000,000
c Net investment earnings, gains, and losses	-578,084	1,805,148	78,548	237,197	79,779
d Grants or scholarships					
e Other expenditures for facilities and programs	209,181	203,089	199,107	195,203	96,635
f Administrative expenses	45,915	44,578	43,704	42,847	21,211
g End of year balance	5,521,118	6,354,298	4,796,817	4,961,080	4,961,933

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

a Board designated or quasi-endowment ▶ 100.000 %

b Permanent endowment ▶ 0 %

c Term endowment ▶ 0 %

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

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				
d Equipment		16,018,879	15,274,033	744,846
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				744,846

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

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

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

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

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

(a) Description	(b) Book value
(1)DUE FROM AFFILIATE	95,288,296
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	95,288,296

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	4,232,207

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	TO SUPPORT THE CONTINUED DEVELOPMENT OF JHPIEGO INNOVATIONS TO SUPPORT JHPIEGO PROGRAMS IN LOW RESOURCE SETTINGS. THESE INNOVATIONS ARE ESSENTIAL TO JHPIEGO'S CONTINUED GROWTH AND PURSUIT OF AWARDS WITHIIN JHPIEGO'S MISSION. THE INNOVATIONS INCLUDE NOT JUST PRODUCTS BUT NEW SCALABLE PROGRAM INTERVENTIONS, AS WELL AS NEW LOWER COST TRAINING MODELS.
PART X, LINE 2:	THE ORGANIZATION ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL YEAR 2022 OR 2021.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	4	79	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	6,121,732
(2) CENTRAL AMERICA AND THE CARIBBEAN	0	0	BUSINESS TRAVEL		246,822
(3) EAST ASIA AND THE PACIFIC	0	0	BUSINESS TRAVEL		846,307
(4) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES AND GRANTS	GENERAL SERVICES AND ADMINISTRATION	593
(5) EAST ASIA AND THE PACIFIC	12	269	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	7,893,055
(6) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	4,449,933
(7) MIDDLE EAST AND NORTH AFRICA	0	0	BUSINESS TRAVEL		159,922
(8) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	272,204
(9) SOUTH AMERICA	0	0	BUSINESS TRAVEL		3,424
(10) SOUTH AMERICA	0	0	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	1,861,770
(11) SOUTH ASIA	0	0	PROGRAM SERVICES AND GRANTS	GENERAL SERVICES AND ADMINISTRATION	121,905
(12) SOUTH ASIA	24	1,204	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	30,849,654
(13) SOUTH ASIA	0	0	BUSINESS TRAVEL		2,249,373
(14) SUB-SAHARAN AFRICA	0	0	BUSINESS TRAVEL		34,875,187
(15) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES AND GRANTS	GENERAL SERVICES AND ADMINISTRATION	662,395
(16) SUB-SAHARAN AFRICA	129	4,018	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	184,044,065
(17) SUB-SAHARAN AFRICA	0	0	FUNDRAISING	GENERAL SERVICES AND ADMINISTRATION	9,260
3a Sub-total	16	348			19,990,568
b Total from continuation sheets to Part I . . .	153	5,222			254,677,033
c **Totals** (add lines 3a and 3b)	169	5,570			274,667,601

Form 27A
Rule 27(1)(a)(i)(aa)(bb)(cc)(dd)(ee)(ff)(gg)(hh)(ii)(jj)(kk)(ll)(mm)(nn)(oo)(pp)(qq)(rr)(ss)(tt)(uu)(vv)(ww)(xx)(yy)(zz)(zza)(zzb)(zzc)(zzd)(zze)(zzf)(zzg)(zzh)(zzi)(zzj)(zzk)(zzl)(zzm)(zzn)(zzo)(zzp)(zzq)(zzr)(zzs)(zzt)(zzu)(zzv)(zzw)(zzx)(zzy)(zzz)(zzza)(zzzb)(zzzc)(zzzd)(zzze)(zzzf)(zzzg)(zzzh)(zzzi)(zzzj)(zzzk)(zzzl)(zzzm)(zzzn)(zzzo)(zzzp)(zzzq)(zzzr)(zzzs)(zzzt)(zzzu)(zzzv)(zzzw)(zzzx)(zzzy)(zzzz)(zzzza)(zzzzb)(zzzzc)(zzzzd)(zzzze)(zzzzf)(zzzzg)(zzzzh)(zzzzi)(zzzzj)(zzzzk)(zzzzl)(zzzzm)(zzzzn)(zzzzo)(zzzzp)(zzzzq)(zzzzr)(zzzzs)(zzzzt)(zzzzu)(zzzzv)(zzzzw)(zzzzx)(zzzzy)(zzzzz)(zzzzza)(zzzzzb)(zzzzzc)(zzzzzd)(zzzzze)(zzzzzf)(zzzzzg)(zzzzzh)(zzzzzi)(zzzzzj)(zzzzzk)(zzzzzl)(zzzzzm)(zzzzzn)(zzzzzo)(zzzzzp)(zzzzzq)(zzzzzr)(zzzzzs)(zzzzzt)(zzzzzu)(zzzzzv)(zzzzzw)(zzzzzx)(zzzzzy)(zzzzzz)(zzzzzza)(zzzzzzb)(zzzzzzc)(zzzzzzd)(zzzzzze)(zzzzzzf)(zzzzzzg)(zzzzzzh)(zzzzzzi)(zzzzzzj)(zzzzzzk)(zzzzzzl)(zzzzzzm)(zzzzzzn)(zzzzzzo)(zzzzzzp)(zzzzzzq)(zzzzzzr)(zzzzzzs)(zzzzzzt)(zzzzzzu)(zzzzzzv)(zzzzzzw)(zzzzzzx)(zzzzzzy)(zzzzzzz)(zzzzzzza)(zzzzzzzb)(zzzzzzzc)(zzzzzzzd)(zzzzzzze)(zzzzzzzf)(zzzzzzzg)(zzzzzzzh)(zzzzzzzi)(zzzzzzzj)(zzzzzzzk)(zzzzzzzl)(zzzzzzzm)(zzzzzzzn)(zzzzzzzo)(zzzzzzzp)(zzzzzzzq)(zzzzzzzr)(zzzzzzzs)(zzzzzzzt)(zzzzzzzu)(zzzzzzzv)(zzzzzzzw)(zzzzzzzx)(zzzzzzzy)(zzzzzzzz)(zzzzzzzza)(zzzzzzzzb)(zzzzzzzzc)(zzzzzzzzd)(zzzzzzzze)(zzzzzzzzf)(zzzzzzzzg)(zzzzzzzzh)(zzzzzzzzi)(zzzzzzzzj)(zzzzzzzzk)(zzzzzzzzl)(zzzzzzzzm)(zzzzzzzzn)(zzzzzzzzo)(zzzzzzzzp)(zzzzzzzzq)(zzzzzzzzr)(zzzzzzzzs)(zzzzzzzzt)(zzzzzzzzu)(zzzzzzzzv)(zzzzzzzzw)(zzzzzzzzx)(zzzzzzzzy)(zzzzzzzzz)(zzzzzzzzza)(zzzzzzzzzb)(zzzzzzzzzc)(zzzzzzzzzd)(zzzzzzzzze)(zzzzzzzzzf)(zzzzzzzzzg)(zzzzzzzzzh)(zzzzzzzzzi)(zzzzzzzzzj)(zzzzzzzzzk)(zzzzzzzzzl)(zzzzzzzzzm)(zzzzzzzzzn)(zzzzzzzzzo)(zzzzzzzzzp)(zzzzzzzzzq)(zzzzzzzzzr)(zzzzzzzzzs)(zzzzzzzzzt)(zzzzzzzzzu)(zzzzzzzzzv)(zzzzzzzzzw)(zzzzzzzzzx)(zzzzzzzzzy)(zzzzzzzzzz)(zzzzzzzzzza)(zzzzzzzzzzb)(zzzzzzzzzzc)(zzzzzzzzzzd)(zzzzzzzzzze)(zzzzzzzzzzf)(zzzzzzzzzzg)(zzzzzzzzzzh)(zzzzzzzzzzi)(zzzzzzzzzzj)(zzzzzzzzzzk)(zzzzzzzzzzl)(zzzzzzzzzzm)(zzzzzzzzzzn)(zzzzzzzzzzo)(zzzzzzzzzzp)(zzzzzzzzzzq)(zzzzzzzzzzr)(zzzzzzzzzzs)(zzzzzzzzzzt)(zzzzzzzzzzu)(zzzzzzzzzzv)(zzzzzzzzzzw)(zzzzzzzzzzx)(zzzzzzzzzzy)(zzzzzzzzzzz)(zzzzzzzzzzza)(zzzzzzzzzzzb)(zzzzzzzzzzzc)(zzzzzzzzzzzd)(zzzzzzzzzzze)(zzzzzzzzzzzf)(zzzzzzzzzzzg)(zzzzzzzzzzzh)(zzzzzzzzzzzi)(zzzzzzzzzzzj)(zzzzzzzzzzzk)(zzzzzzzzzzzl)(zzzzzzzzzzzm)(zzzzzzzzzzzn)(zzzzzzzzzzzo)(zzzzzzzzzzzp)(zzzzzzzzzzzq)(zzzzzzzzzzzr)(zzzzzzzzzzzs)(zzzzzzzzzzzt)(zzzzzzzzzzzu)(zzzzzzzzzzzv)(zzzzzzzzzzzw)(zzzzzzzzzzzx)(zzzzzzzzzzzy)(zzzzzzzzzzzz)(zzzzzzzzzzzza)(zzzzzzzzzzzzb)(zzzzzzzzzzzzc)(zzzzzzzzzzzzd)(zzzzzzzzzzzze)(zzzzzzzzzzzzf)(zzzzzzzzzzzzg)(zzzzzzzzzzzzh)(zzzzzzzzzzzzi)(zzzzzzzzzzzzj)(zzzzzzzzzzzzk)(zzzzzzzzzzzzl)(zzzzzzzzzzzzm)(zzzzzzzzzzzzn)(zzzzzzzzzzzzo)(zzzzzzzzzzzzp)(zzzzzzzzzzzzq)(zzzzzzzzzzzzr)(zzzzzzzzzzzzs)(zzzzzzzzzzzzt)(zzzzzzzzzzzzu)(zzzzzzzzzzzzv)(zzzzzzzzzzzzw)(zzzzzzzzzzzzx)(zzzzzzzzzzzzy)(zzzzzzzzzzzzz)(zzzzzzzzzzzzza)(zzzzzzzzzzzzzb)(zzzzzzzzzzzzzc)(zzzzzzzzzzzzzd)(zzzzzzzzzzzzze)(zzzzzzzzzzzzzf)(zzzzzzzzzzzzzg)(zzzzzzzzzzzzzh)(zzzzzzzzzzzzzi)(zzzzzzzzzzzzzj)(zzzzzzzzzzzzzk)(zzzzzzzzzzzzzl)(zzzzzzzzzzzzzm)(zzzzzzzzzzzzzn)(zzzzzzzzzzzzzo)(zzzzzzzzzzzzzp)(zzzzzzzzzzzzzq)(zzzzzzzzzzzzzr)(zzzzzzzzzzzzzs)(zzzzzzzzzzzzzt)(zzzzzzzzzzzzzu)(zzzzzzzzzzzzzv)(zzzzzzzzzzzzzw)(zzzzzzzzzzzzzx)(zzzzzzzzzzzzzy)(zzzzzzzzzzzzzz)(zzzzzzzzzzzzzza)(zzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzd)(zzzzzzzzzzzzzze)(zzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzt)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzu)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzv)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzw)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzx)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzy)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzz)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzza)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzb)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzc)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzd)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzze)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzf)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzg)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzh)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzi)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzj)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzk)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzl)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzm)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzn)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzo)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzp)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzq)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzr)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzs)(zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzt)(

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

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

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☑ Yes ☐ No

Part V **Supplemental Information**

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

ReturnReference	Explanation
PART I, LINE 2:	JHPIEGO REQUIRES THAT WHEN APPROVING INVOICE PAYMENTS TO SUBRECIPIENTS OF GRANTS AWARDED TO IT, THE VALIDITY OF EXPENSES MUST BE VERIFIED ALONG WITH ACHIEVEMENT OF PROGRAM AND TECHNICAL PROGRESS BY THE BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE. THIS VERIFICATION INCLUDES SIGN OFF BY THE BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE ON THE INVOICE APPROVING IT FOR PAYMENT. IN ADDITION, SITE VISITS ARE MADE TO SUBRECIPIENTS FOR BOTH PROGRAMMATIC AND FINANCIAL REVIEW PURPOSES. SUBRECIPIENT INVOICES SHOULD INCLUDE INFORMATION THAT CONFORMS TO THE ADMINISTRATIVE REQUIREMENTS AS PRESCRIBED IN 2 CFR 200, AS APPLICABLE. SUBRECIPIENTS EXEMPT FROM 2 CFR 200 SINGLE AUDIT REQUIREMENTS ARE REQUIRED TO MAKE THEIR FINANCIAL RECORDS AVAILABLE FOR REVIEW OR AUDIT BY FEDERAL AGENCIES OR PASS-THRU ENTITIES AS REQUESTED, UNDER THE TERMS AND CONDITIONS OF THEIR AGREEMENT. THE FORM 990 IS BASED ON FINANCIAL STATEMENTS THAT ARE PREPARED USING AN ACCRUAL ACCOUNTING METHOD. TO IDENTIFY EXPENDITURES FOR FOREIGN ACTIVITIES, JHPIEGO HAS ADDED REPORTING ATTRIBUTES TO THE COST OBJECTS (OR ACCOUNTS) WHERE EXPENSE ACTIVITY IS RECORDED IN ORDER TO IDENTIFY THE IRS REGION (COUNTRY) AND ACTIVITY TYPE FOR EACH COST OBJECT. IN SOME CASES, ONE REGION COULD NOT BE IDENTIFIED SO IN THOSE CASES THE EXPENDITURES ARE NOT INCLUDED IN THE TOTALS REPORT IN COLUMN (F). THE EXPENSES REPORTED ARE THE DIRECT EXPENSES FOR ACTIVITIES CONDUCTED IN THE REGION BASED ON THE ACCOUNTING RECORDS.
PART III ACCOUNTING METHOD:	
PART I, LINE 3, GLOBAL ACTIVITY	JHPIEGO DESIGNS AND IMPLEMENTS EFFECTIVE, LOW-COST, HANDS-ON SOLUTIONS TO STRENGTHEN THE DELIVERY OF HEALTH CARE SERVICES AND BUILD SUSTAINABLE LOCAL HEALTH CARE SYSTEMS GLOBALLY, PRINCIPALLY THROUGH HEALTH TRAINING AND TECHNICAL INTERVENTIONS IN THE FOLLOWING AREAS: MATERNAL AND CHILD HEALTH, FAMILY PLANNING AND REPRODUCTIVE HEALTH, HIV/AIDS PREVENTION AND CARE, INFECTION PREVENTION AND CONTROL, MALARIA PREVENTION AND TREATMENT, CERVICAL CANCER PREVENTION AND TREATMENT, HUMAN CAPACITY DEVELOPMENT, STANDARDS AND GUIDELINES DEVELOPMENT, EDUCATION, TRAINING AND CURRICULUM DEVELOPMENT, PERFORMANCE AND QUALITY IMPROVEMENT.

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 LAUGHTER IS THE BEST MEDICINE (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	167,502			167,502
	2 Less: Contributions	157,254			157,254
	3 Gross income (line 1 minus line 2)	10,248			10,248
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				10,248

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Schedule G (Form 990) 2021

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AVENIR HEALTH INC (AKA FUTURES INSTITUTE) 41-A NEW LONDON TURNPIKE GLASTONBURY,CT 06033	20-4816286	501(C)3	230,037	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(2) BAO SYSTEMS LLC 2900 K ST NW SUITE 507 WASHINGTON,DC 20007	23-2316349		61,845	0	N/A	N/A	TECHNICAL ASSISTANCE FOR IMPROVED HEALTH SYSTEM PERFORMANCE AND HEALTH OUTCOMES
(3) BAO SYSTEMS LLC 2900 K ST NW SUITE 507 WASHINGTON,DC 20007	23-2316349		213,770	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(4) CHARLES R DREW UNIVERSITY OF MEDICINE AND SCIENCE 1731 E 120TH STREET LOS ANGELES,CA 90059	95-6151774	501(C)3	2,172,185	0	N/A	N/A	TECHNICAL ASSISTANCE IN HEALTH WORKFORCE FOR HIV AND CHRONIC DISEASE SERVICE DELIVERY (HRSA)
(5) CHRISTIAN CONNECTIONS FOR INTERNATIONAL HEALTH 9214 CENTER STREET SUITE 101 MANASSAS,VA 20110	54-1932761	501(C)3	482,933	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(6) COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC 151 ELLIS STREET NE ATLANTA,GA 30303	13-1685039	501(C)3	1,170,809	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(7) ENGENDER HEALTH 440 9TH AVENUE NEW YORK,NY 10001	13-1623838	501(C)3	38,294	0	N/A	N/A	TECHNICAL ASSISTANCE IN TANZANIA HEALTH SERVICE DELIVERY
(8) FINAL MILE CONSULTING LLC ONE WORLD TRADE CENTER SUITE 76J NEW YORK,NY 10007	99-0379743		123,649	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(9) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N PO BOX 19024 SEATTLE,WA 98109	23-7156071	501(C)3	301,701	0	N/A	N/A	TECHNICAL ASSISTANCE IN PREP DELIVERY MODEL IN KENYA
(10) GLOBAL SCIENTIFIC SOLUTIONS FOR HEALTH 16 W READ STREET BALTIMORE,MD 21201	26-4670845		313,373	0	N/A	N/A	TECHNICAL ASSISTANCE REQUIRED TO SUPPORT LABORATORY WORK UNDER THE ENHANCING GLOBAL HEALTH SECURITY
(11) GLOBAL SCIENTIFIC SOLUTIONS FOR HEALTH 16 W READ STREET BALTIMORE,MD 21201	26-4670845		124,252	0	N/A	N/A	TECHNICAL ASSISTANCE IN SUSTAINABLE HIV EPIDEMIC CONTROL
(12) HARVARD UNIVERSITY	04-2103580	501(C)3	349,372	0	N/A	N/A	TECHNICAL ASSISTANCE IN

1033 MASSACHUSETTS AVENUE CAMBRIDGE,MA 02138							MATERNAL AND CHILD SURVIVAL.
(13) HOWARD UNIVERSITY 2400 SIXTH STREET NW WASHINGTON,DC 20059	53-0204707	501(C)3	4,610,849	0	N/A	N/A	TECHNICAL ASSISTANCE IN HEALTH WORKFORCE FOR HIV AND CHRONIC DISEASE SERVICE DELIVERY (HRSA)
(14) IMPACT INNOVATORS AND ENTREPRENEURS FOUNDATION 1533 SICILY DRIVE LONGMONT,CO 80503	83-1851237	501(C)3	28,212	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(15) INSTITUTE OF HEALTHCARE IMPROVEMENT 53 STATE ST 19TH FLOOR BOSTON,MA 02109	38-3017223	501(C)3	194,464	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(16) INTERNEWS NETWORK PO BOX 4448 ARCATA,CA 95518	94-3027961	501(C)3	176,637	0	N/A	N/A	IMPROVE HEALTH OUTCOMES FOR PEOPLE LIVING IN URBAN AREAS, PARTICULARLY FOCUSING ON WOMEN, AND CHILDREN AND OTHER VULNERABLE POPULATIONS
(17) JACARANDA HEALTH 603 S CAMELLIA STREET CHAPEL HILL,NC 27516	46-2230443	501(C)3	26,292	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(18) MANAGEMENT SCIENCES FOR HEALTH 784 MEMORIAL DRIVE CAMBRIDGE,MA 02139	04-2482188	501(C)3	583,775	0	N/A	N/A	IMPROVE HEALTH OUTCOMES FOR PEOPLE LIVING IN URBAN AREAS, PARTICULARLY FOCUSING ON WOMEN, AND CHILDREN AND OTHER VULNERABLE POPULATIONS
(19) MANAGEMENT SCIENCES FOR HEALTH 784 MEMORIAL DRIVE CAMBRIDGE,MA 02139	04-2482188	501(C)3	1,330,132	0	N/A	N/A	TECHNICAL ASSISTANCE UNDER THE MEETING TARGETS AND MAINTAINING EPIDEMIC CONTROL COOPERATIVE AGREEMENT
(20) MANAGEMENT SCIENCES FOR HEALTH 784 MEMORIAL DRIVE CAMBRIDGE,MA 02139	04-2482188	501(C)3	282,836	0	N/A	N/A	SUPPORT STRENGTHENING OF LEADERSHIP, MANAGEMENT AND GOVERNANCE OF HRH FUNCTIONS IN THE PUBLIC SECTOR
(21) MANN GLOBAL HEALTH LLC 704 HAWKS LANDING DRIVE COLUMBUS,NC 28722	47-2218176		76,993	0	N/A	N/A	TECHNICAL ASSISTANCE UNDER THE MEETING TARGETS AND MAINTAINING EPIDEMIC CONTROL COOPERATIVE AGREEMENT
(22) MCKINSEY AND COMPANY INC 1200 19TH ST NW SUITE 1000 WASHINGTON,DC 20036	13-1826332		3,118,644	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(23) MEHARRY MEDICAL COLLEGE 1005 DR D B TODD JR BLVD NASHVILLE,TN 37208	62-0448046	501(C)3	2,189,863	0	N/A	N/A	TECHNICAL ASSISTANCE IN HEALTH WORKFORCE FOR HIV AND CHRONIC DISEASE SERVICE DELIVERY (HRSA)
(24) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA,GA 30310	58-1438873	501(C)3	3,187,852	0	N/A	N/A	TECHNICAL ASSISTANCE IN HEALTH WORKFORCE FOR HIV AND CHRONIC DISEASE SERVICE DELIVERY (HRSA)
(25) NOORA HEALTH 2443 FILLMORE ST 380-	46-4746592	501(C)3	45,915	0	N/A	N/A	TECHNICAL ASSISTANCE TO

3203 SAN FRANCISCO,CA 94115							IMPROVE HEALTH SERVICE DELIVERY AND HEALTH OUTCOMES.
(26) PACT INC 1828 L ST NW SUITE 300 WASHINGTON,DC 20036	13-2702768	501(C)3	699,312	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(27) PACT INC 1828 L ST NW SUITE 300 WASHINGTON,DC 20036	13-2702768	501(C)3	1,180,451	0	N/A	N/A	TECHNICAL ASSISTANCE IN ESSENTIAL HEALTH SERVICES PROGRAM
(28) POPULATION SERVICES INTL (AKA PSI) 1120 NINETEENTH STREET NW WASHINGTON,DC 20036	56-0942853	501(C)3	701,919	0	N/A	N/A	TECHNICAL ASSISTANCE IN ESSENTIAL HEALTH SERVICES PROGRAM
(29) PROGRAM FOR APPROPRIATE TECHNOLOGY (AKA PATH) PO BOX 900922 SEATTLE,WA 98109	91-1157127	501(C)3	7,385	0	N/A	N/A	TECHNICAL ASSISTANCE UNDER UNITAID PROJECT PREPARATION FACILITY AWARD.
(30) PROGRAM FOR APPROPRIATE TECHNOLOGY (AKA PATH) PO BOX 900922 SEATTLE,WA 98109	91-1157127	501(C)3	826,497	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(31) PROGRAM FOR APPROPRIATE TECHNOLOGY (AKA PATH) PO BOX 900922 SEATTLE,WA 98109	91-1157127	501(C)3	1,252,748	0	N/A	N/A	TECHNICAL ASSISTANCE TO IMPROVE HEALTH SERVICE DELIVERY AND HEALTH OUTCOMES.
(32) PROTEUS FUND INC 15 RESEARCH DRIVE NO B AMHERST,MA 01002	04-3243004	501(C)3	8,000	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(33) SAVE THE CHILDREN 54 WILTON ROAD WESTPORT,CT 06880	06-0726487	501(C)3	4,158,053	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(34) THE MANOFF GROUP INC 4301 CONNECTICUT AVE NW SUITE 454 WASHINGTON,DC 20008	04-3030192		373,408	0	N/A	N/A	TECHNICAL ASSISTANCE IN MATERNAL AND CHILD SURVIVAL.
(35) THE MANOFF GROUP INC 4301 CONNECTICUT AVE NW SUITE 454 WASHINGTON,DC 20008	04-3030192		79,880	0	N/A	N/A	TECHNICAL ASSISTANCE IN ZAMBIA FAMILY HEALTH AND NUTRITION.
(36) THE TRUSTEES OF COLUMBIA UNIVERSITY IN NEW YORK CITY ON BEHALF OF ICAP 722 WEST 168TH STREET 13TH FLOOR NEW YORK,NY 10032	13-5598093	501(C)3	6,440,760	0	N/A	N/A	TECHNICAL ASSISTANCE UNDER THE MEETING TARGETS AND MAINTAINING EPIDEMIC CONTROL COOPERATIVE AGREEMENT
(37) THINK WELL LLC 1701 RHODE ISLAND AVE NW 04103 WASHINGTON,DC 20036	45-2324600		288,426	0	N/A	N/A	TECHNICAL ASSISTANCE IN ZAMBIA FAMILY HEALTH AND NUTRITION.
(38) THINK WELL LLC 1701 RHODE ISLAND AVE NW 04103 WASHINGTON,DC 20036	45-2324600		6,464	0	N/A	N/A	TECHNICAL ASSISTANCE IN ESSENTIAL HEALTH SERVICES PROGRAM
(39) UNIVERSITY OF NEW MEXICO HEALTH SCI 2500 MARBLE AVE NE ALBUQUERQUE,NM 87106	85-6000642	501(C)3	101,596	0	N/A	N/A	TECHNICAL ASSISTANCE IN HEALTH WORKFORCE FOR HIV AND CHRONIC DISEASE SERVICE DELIVERY (HRSA)
(40) UNIVERSITY OF NEW MEXICO HEALTH SCI 2500 MARBLE AVE NE ALBUQUERQUE,NM 87106	85-6000642	501(C)3	216,300	0	N/A	N/A	TECHNICAL ASSISTANCE IN IMPROVED HEALTH AND NUTRITION ACTIVITY IN GUATEMALA.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 21

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 8

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	JHPIEGO REQUIRES THAT WHEN APPROVING INVOICE PAYMENTS TO SUBRECIPIENTS, THE VALIDITY OF EXPENSES MUST BE VERIFIED ALONG WITH ACHIEVEMENT OF PROGRAM OBJECTIVES AND TECHNICAL PROGRESS BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE. THIS VERIFICATION INCLUDES SIGN OFF BY THE COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE ON THE INVOICE APPROVING IT FOR PAYMENT. SUBRECIPIENT INVOICES SHOULD INCLUDE INFORMATION THAT CONFORMS TO THE ADMINISTRATIVE REQUIREMENTS AS PRESCRIBED IN 2 CFR 200, AS APPLICABLE. SUBRECIPIENTS EXEMPT FROM 2 CFR 200 SINGLE AUDIT REQUIREMENTS ARE REQUIRED TO MAKE THEIR FINANCIAL RECORDS AVAILABLE FOR REVIEW OR AUDIT BY FEDERAL AGENCIES OR PASS-THRU ENTITIES AS REQUESTED, UNDER THE TERMS AND CONDITIONS OF THEIR AGREEMENT.

Additional Data

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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUNIL KUMAR PHD VICE CHAIR, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	804,335	240,000	739,059	135,941	23,086	1,942,421	734,698
2 LESLIE MANCUSO PHD RN FAAN PRESIDENT/CEO, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	463,294	0	13,762	85,155	25,435	587,646	0
3 DENIS WIRTZ PHD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	418,495	0	592	75,426	3,323	497,836	0
4 JONATHAN LINKS PHD CHAIR, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	334,397	35,500	36,417	61,036	20,890	488,240	24,417
5 KOKI AGARWAL MBBS PHD DIRECTOR MCHIP/VP DC OPS	(i)	0	0	0	0	0	0	0
	(ii)	278,929	0	500	50,126	1,981	331,536	0
6 RICHARD LAMPORTE VP, NEW PROGRAM DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	252,064	0	0	47,565	26,438	326,067	0
7 EDGAR NECOCHEA SR DIRECTOR - GLOBAL PROGRAM OP	(i)	0	0	0	0	0	0	0
	(ii)	220,033	0	51,574	39,816	9,385	320,808	0
8 ABHISHEK BHASIN CHIEF OPERATING & FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	295,642	0	0	0	24,802	320,444	0
9 EMILY CHRISTENSEN SR DIR, HIV & INFECTIOUS DISEASE	(i)	0	0	0	0	0	0	0
	(ii)	143,133	0	116,226	26,641	24,652	310,652	0
10 MELODY MCCOY VP, GLOBAL ENG. & COMM.	(i)	0	0	0	0	0	0	0
	(ii)	249,416	0	2,845	45,104	3,489	300,854	0
11 TSIGUE PLEAH TECHNICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	165,550	0	87,130	30,001	9,327	292,008	0
12 DEBORA BOSSEMEYER BSN MSED VICE PRES GLOBAL PROGRAMS	(i)	0	0	0	0	0	0	0
	(ii)	233,903	0	3,429	42,588	11,136	291,056	0
13 NANCY GLASS PHD MPH RN FAAN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	241,626	0	545	44,076	3,676	289,923	0
14 ALAIN DAMIBA MD MPH MBA FORMER SR VP, GLOBAL PROG/TECH	(i)	0	0	0	0	0	0	0
	(ii)	168,849	0	68,079	34,813	0	271,741	0
15 SHOA GIRMA COUNTRY DIRECTOR, ETHIOPIA	(i)	0	0	0	0	0	0	0
	(ii)	127,471	0	129,486	0	14,760	271,717	0
16 WENDY TAYLOR VP, TECH LEADERSHIP & INNOVATION	(i)	0	0	0	0	0	0	0
	(ii)	249,413	0	1,270	0	15,048	265,731	0
17 BERNADETTE CHAANNER EDTP CHIEF HUMAN RES. AND ADMIN	(i)	0	0	0	0	0	0	0
	(ii)	188,704	0	10,417	0	235	199,356	0
18 MANJUSHREE BADLANI MA SPHR FORMER CHIEF HUMAN RES. AND ADMIN	(i)	0	0	0	0	0	0	0
	(ii)	56,599	0	52,183	7,097	6,053	121,932	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	PART I, QUESTION 4B: THE FOLLOWING AMOUNTS REPRESENT DISTRIBUTIONS MADE TO THE INDIVIDUAL FROM A NON-QUALIFIED DEFERRED COMPENSATION PLAN. THE AMOUNT IS REPORTED ON THE INDIVIDUAL'S W-2, BOX 11. PAYEE NON-QUALIFIED PLAN KUMAR, SUNIL $ 734,698 LINKS, JONATHAN $ 24,417 THE FOLLOWING REPRESENT AMOUNTS CONTRIBUTED TO NON-QUALIFIED 457(F) DEFERRED COMPENSATION PLANS FOR THE RESPECTIVE TRUSTEES, OFFICERS, AND KEY EMPLOYEES. PAYEE NON-QUALIFIED PLAN KUMAR, SUNIL $ 84,041 LINKS, JONATHAN $ 9,136 MANCUSO, LESLIE $ 33,255 WIRTZ, DENIS $ 23,526

Additional Data

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Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT OF THE JOHNS HOPKINS UNIVERSITY APPOINTS MEMBERS OF JHPIEGO CORPORATION'S BOARD, AS DESCRIBED IN THE CORPORATION'S BYLAWS.
FORM 990, PART VI, SECTION A, LINE 8B	THERE WERE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY DURING THE YEAR ENDED JUNE 30, 2022. GOVERNANCE IS MAINTAINED THROUGH A MEMORANDUM OF UNDERSTANDING WITH JOHNS HOPKINS UNIVERSITY.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY THE JOHNS HOPKINS UNIVERSITY TAX OFFICE IN CONJUNCTION WITH JHPIEGO CORPORATION AND VARIOUS UNIVERSITY OFFICES INCLUDING GENERAL ACCOUNTING AND HUMAN RESOURCES. THE FORM 990 WAS REVIEWED BY THE JOHNS HOPKINS UNIVERSITY TAX OFFICE AND JHPIEGO CORPORATION'S CHIEF OPERATING AND FINANCE OFFICER. A COPY OF THE FORM 990 WAS PROVIDED TO THE JHPIEGO BOARD OF TRUSTEES BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	JHPIEGO'S TRUSTEES, OFFICERS AND KEY EMPLOYEES SUBMITTED DETAILED DISCLOSURE STATEMENTS FOR THE FISCAL YEAR ENDED JUNE 30, 2022. THERE WERE NO REPORTABLE MATTERS DISCLOSED. FORM 990, PART VI, SECTION B, LINE 14: JHPIEGO CORPORATION HAS WRITTEN POLICIES FOR DOCUMENT RETENTION AND DESTRUCTION. HOWEVER, THE QUESTION MUST BE ANSWERED "NO" ACCORDING TO FORM INSTRUCTIONS BECAUSE THESE POLICIES AND PROCEDURES HAVE NOT BEEN APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE COMPENSATED BY THE JOHNS HOPKINS UNIVERSITY. JHPIEGO RELIES ON THE UNIVERSITY'S POLICIES AND PROCEDURES AROUND DETERMINING AND APPROVING APPROPRIATE COMPENSATION FOR THOSE LISTED INDIVIDUALS.
FORM 990, PART VI, SECTION C, LINE 19	JHPIEGO CORPORATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE AVAILABLE MONDAY - FRIDAY, DURING NORMAL BUSINESS HOURS, EXCEPT HOLIDAYS AND DESIGNATED OFFICES CLOSURES FROM JHPIEGO DIRECTOR, EXECUTIVE OFFICE.
FORM 990, PART VII, SECTION A, COLUMNS (E) AND (F):	THE FOLLOWING INDIVIDUALS HAVE ADDITIONAL APPOINTMENTS WHICH IMPACT THEIR COMPENSATION. JONATHAN LINKS, PHD VICE PROVOST AND CHIEF RISK OFFICER, JOHNS HOPKINS UNIVERSITY FACULTY, SCHOOL OF MEDICINE AND BLOOMBERG SCHOOL OF PUBLIC HEALTH, JOHNS HOPKINS UNIVERSITY SUNIL KUMAR, PHD PROVOST AND SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS, JOHNS HOPKINS UNIVERSITY DENIS WIRTZ, PHD VICE PROVOST FOR RESEARCH, JOHNS HOPKINS UNIVERSITY FACULTY, WHITING SCHOOL OF ENGINEERING AND SCHOOL OF MEDICINE, JOHNS HOPKINS UNIVERSITY NANCY GLASS, PHD, MPH, RN, FAAN PROFESSOR, SCHOOL OF NURSING AND FACULTY, SCHOOL OF MEDICINE, JOHNS HOPKINS UNIVERSITY
FORM 990, PART IX, LINE 11G	OTHER FEES: PROGRAM SERVICE EXPENSES 33,726,617. MANAGEMENT AND GENERAL EXPENSES 1,551,876. FUNDRAISING EXPENSES 13,664. TOTAL EXPENSES 35,292,157.
FORM 990, PART XII, FINANCIAL STATEMENTS AND REPORTING, LINE 3B:	JHPIEGO CORPORATION UNDERWENT AN AUDIT AS PART OF THE JOHNS HOPKINS UNIVERSITY'S AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND 2 CFR 200.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD STE N4327-B BALTIMORE, MD 21211 52-0595110	EDUCATIONAL	MD	501(C)(3)	170(B)(1) (A)(II)			No

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

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

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

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

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

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

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

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

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