

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **01/01/2020** and ending **12/31/2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Pronto International		D Employer identification number 46-1318242
	Doing business as		E Telephone number 206-755-0044
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	5419 Greenwood Ave N		
City or town, state or province, country, and ZIP or foreign postal code Seattle, WA, 98103			G Gross receipts \$ 795,926
F Name and address of principal officer: Heidi Breeze-Harris 5419 Greenwood Ave N, Seattle, WA 98103			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶

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

J Website: ▶ prontointernational.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2013**

M State of legal domicile: **WA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PRONTO International aims to optimize care during birth. We develop and implement innovative training strategies for health care providers that act as a catalyst for individual, team, and system change.</u>		
	2	Check this box <input type="checkbox"/> 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	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	5
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 765,277	Current Year 750,205
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	2
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,301	40,649
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	780,579	790,856
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	301,217	395,667
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 26,737		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	425,401	386,412
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	726,618	782,079	
19	Revenue less expenses. Subtract line 18 from line 12	53,961	8,777	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 627,207	End of Year 712,526
	21	Total liabilities (Part X, line 26)	48,201	124,743
	22	Net assets or fund balances. Subtract line 21 from line 20	579,006	587,783

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
	<u>Heidi Breeze-Harris, Executive Director</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Samuel Dahlin	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01888405
	Firm's name ▶ Rising Sun Accounting	Firm's EIN ▶ 82-3726482		Phone no. 206-939-5442	
	Firm's address ▶ PO Box 25726, Seattle, WA 98165				

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:
PRONTO International aims to optimize care during birth. We develop and implement innovative training strategies for health care providers that act as a catalyst for individual, team, and system change.

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 \$ 122,568 including grants of \$ 0) (Revenue \$ 0)
Uttar Pradesh, India: In 2020 PRONTO continued the collaboration with India Health Action Trust (IHAT) to provide simulation training to 204 facilities in the 25 high priority districts (HPDs). Because of the Covid pandemic, which put all our activities on hold since March 2020, we worked on developing virtual training modules, which could be delivered remotely. In August 2020, we trained 7 IHAT simulation supervisors virtually. Based on the success of this training, we conducted virtual training for two batches of nurse mentors (32 in each batch). Once the restrictions were eased, we conducted in-person training of 7 simulation supervisors.

4b (Code:) (Expenses \$ 119,769 including grants of \$ 0) (Revenue \$ 0)
Malawi: Advancing Postpartum Hemorrhage Care (APPHC) is a one-time catalytic investment from U. S. Agency for International Development (USAID) to generate and test solutions that address key barriers to PPH prevention, detection, and treatment, and to advance the use of related evidence. In Malawi, there has been on-going interest in improving the management of obstetric complications through mentoring approaches. The USAID-supported bilateral ONSE project has supported building the mentoring workforce within the MOH to promote health systems strengthening and MNH (among other health areas). Therefore, one of the APPHC interventions was structured around the development and testing of a simulation and team mentorship approach to improve provider knowledge, skills, and communication improve the identification, management and treatment of PPH. For this intervention, PRONTO International designed and conducted simulation-based training for healthcare provider teams using an innovative, evidence-based approach to help learners move from knowledge to practice in the management of maternal and newborn emergencies. In addition to strengthening individual provider skills and knowledge, the sessions strengthen teamwork, communications, inter-professional collaboration, and respectful maternity care (RMC). The main objectives of the simulation (Continued on Schedule O, Statement 1)

4c (Code:) (Expenses \$ 106,032 including grants of \$ 0) (Revenue \$ 0)
Mozambique: The Alcancar project in Mozambique is primed by FHI360 and funded through a cooperative agreement with USAID. PRONTO International is a sub on the project. The goal of Alcancar project in Mozambique is to support the Government of the Republic of Mozambique (GRM) to prevent maternal, neonatal and child mortality. The geographic focus is the 23 districts of Nampula Province, with a focus on using best practices in quality improvement (QI) to enable health facility and district teams to identify, test and scale health system improvements and to achieve consistent, sustainable delivery of high-quality, human-centered clinical maternal, newborn and child (MNCH) care. PRONTO's design of project - year 2 (which spanned PRONTO's fiscal year 2020 - 2021) simulation and team training activities is driven by the goal of moving the Alcancar mentors on a stair-stepped pathway to Mastery as PRONTO Trainers. Since the COVID-19 pandemic began PRONTO has been building new ways to deliver training content and as such we have been in a rapid cycle of implementation, iteration, growth, and learning. Since the development and submission of PRONTO's Y2 program design in September 2020, our team facilitated two virtual (Continued on Schedule O, Statement 2)

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 3
(Expenses \$ 316,690 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 665,059

Part IV Checklist of Required Schedules

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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? <i>If "Yes," complete Schedule J</i>		✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	✓	

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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

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

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

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

Section A. Governing Body and Management

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

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?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in 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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
Heidi Breeze-Harris, (206)755-0044

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 226,000					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 524,205					
	g	Noncash contributions included in lines 1a-1f	1g \$ 0					
	h	Total. Add lines 1a-1f ▶		750,205				
	Program Service Revenue			Business Code				
2a		-----						
b		-----						
c		-----						
d		-----						
e		-----						
f		All other program service revenue						
g	Total. Add lines 2a-2f ▶		0					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2	0	0	2	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a	Gross rents	(i) Real					
			(ii) Personal					
			6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0	0			
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a					
			b	Less: direct expenses	8b			
			c	Net income or (loss) from fundraising events . . . ▶				
	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	41,752					
		b	Less: cost of goods sold	10b	5,070			
		c	Net income or (loss) from sales of inventory . . . ▶		36,682	36,682	0	0
Miscellaneous Revenue			Business Code					
	11a	Refund of Conference Registration	900099	3,967	0	0	3,967	
	b	-----						
	c	-----						
	d	All other revenue						
e	Total. Add lines 11a-11d ▶		3,967					
12	Total revenue. See instructions ▶		790,856	36,682	0	3,969		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	139,996	99,018	34,934	6,044
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	226,307	203,290	7,308	15,709
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	29,364	22,734	4,807	1,823
11	Fees for services (nonemployees):				
a	Management				
b	Legal	3,535	2,423	1,112	
c	Accounting	11,298	135	11,163	
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.)	154,537	147,655	4,245	2,637
12	Advertising and promotion	513			513
13	Office expenses	33,633	30,858	2,775	
14	Information technology	21,118	9,107	12,011	
15	Royalties				
16	Occupancy	12,211	1,806	10,405	
17	Travel	74,374	74,341	22	11
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,611	1,611		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,501		1,501	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>Program Supplies & Expenses</u>	72,081	72,081	0	0
b	-----				
c	-----				
d	-----				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	782,079	665,059	90,283	26,737
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	385,364	1	641,091
	2 Savings and temporary cash investments	1,101	2	1,101
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	233,804	4	68,216
	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	6,938	8	2,118
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	627,207	16	712,526	
Liabilities	17 Accounts payable and accrued expenses	48,201	17	66,404
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	58,339
	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		25	
	26 Total liabilities. Add lines 17 through 25	48,201	26	124,743
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	368,006	27	276,769
	28 Net assets with donor restrictions	211,000	28	311,014
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	579,006	32	587,783	
33 Total liabilities and net assets/fund balances	627,207	33	712,526	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	790,856
2	Total expenses (must equal Part IX, column (A), line 25)	2	782,079
3	Revenue less expenses. Subtract line 2 from line 1	3	8,777
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	579,006
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	587,783

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Pronto International

Employer identification number

46-1318242

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	760,333	526,521	969,726	765,277	750,205	3,772,062
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	760,333	526,521	969,726	765,277	750,205	3,772,062
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)						82,508
6 Public support. Subtract line 5 from line 4						3,689,554

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	760,333	526,521	969,726	765,277	750,205	3,772,062
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1	2	56	1	2	62
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						3,772,124
12 Gross receipts from related activities, etc. (see instructions)					12	207,118
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	97.81 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	100 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . .			
b Excess from 2017 . . .			
c Excess from 2018 . . .			
d Excess from 2019 . . .			
e Excess from 2020 . . .			

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Pronto International

Employer identification number

46-1318242

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) <i>Sch F, Stmt 1</i>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	1			649,456

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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**

Accounts and Activities Outside the United States

		Offices	Employees	Total
Region	South Asia	0	1	225,180
Activities	Program Services			
Services	In India, PRONTO is partnered with various organizations to integrate PRONTO's simulation and team training methods into nurse mentoring programs in the states of Bihar and Uttar Pradesh. PRONTO's train-the-trainer method creates simulation facilitators who are able to run high-fidelity, low-cost simulations on the management of maternal and neonatal emergencies at the facility level. PRONTO works with partners to develop implementation schedules to conduct facility-based simulations within health facilities. PRONTO provided a simulation and team-training curriculum for facilitators to follow during their intervention which allows participants to conduct simulations in labor wards, operating theaters, or other spaces where clinical emergencies occur. In the pre-service setting, PRONTO trained nurse tutors in nursing colleges run by Christian Medical Association of India in India. The tutors were trained on how to incorporate simulation as a teaching tool in their nursing curriculum.			
Region	Sub-Saharan Africa	0	0	424,276
Activities	Program Services			
Services	In 2020, PRONTO worked in Madagascar, Malawi, Mozambique, Niger, and Nigeria to bring simulation and team training in the management of maternal and neonatal emergencies to the frontline clinical providers who need the practice the most. We deployed our train-the-trainer model in an effort to ensure greatest sustainability. We also used simulation and team training as a method for introducing new technology and guidelines into practice to help clinical providers fill the know-do gap in their training vs their actual practice.			
Total:		0	1	649,456

**SCHEDULE O
(Form 990 or 990-EZ)**

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

2020

**Open to Public
Inspection**

Name of the organization

Pronto International

Employer identification number

46-1318242

Form 990, Part I, Line 6 - Volunteers: There were three uncompensated board members who served during 2020. In addition one other volunteer storage unit cleaning, packing, and inventory.

Form 990, Part III, Line 2 - In 2020, the organization started the following programs, as a result of the organization's growing operations and client base: Madagascar, Malawi, Niger.

Form 990, Part III, Line 3 - In 2020, the organization wrapped up the following programs: East Africa Sustainability, Preterm Birth Initiative, and Timor-Leste.

Form 990, Part VI, Section A, Line 8b - PRONTO International does not have any board committees or subcommittees.

Form 990, Part VI, Section B, Line 11b - A draft of the form 990 is reviewed by the paid preparer, as well as an outside CPA firm and the Executive Director. It is then provided to all board members via email prior to submitting the return with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c - Annually, every member of the board is required to complete a conflict of interest questionnaire. If a potential conflict of interest arises, it is reviewed by the disinterested board members who then determine if an actual conflict of interest exists. If a conflict of interest does exist, the governing board shall determine by majority vote of the disinterested directors whether the transaction or arrangement is in PRONTO International's best interest, and whether it is fair and reasonable.

Form 990, Part VI, Section B, Line 15 - The compensation for the Executive Director is set by the board of directors, all of whom are independent, using data on compensation rates for comparable positions. This process was last undertaken in July 2019. There are not other paid officers or key employees.

Form 990, Part VI, Section C, Line 19 - PRONTO International's governing documents, conflict of interest policy, and financial statements are available upon request. In addition, PRONTO International's Form 990s are available on public websites such as candid.org.

Form 990, Part IX, Line 11g - Program Sustainability: \$64,000; Miscellaneous Program Services: \$46,672; PRONTO Trainers: \$33,244; Curriculum Development: \$7,899; Graphic Design: \$1,477; HR & Employee Development: \$1,245

Form 990, Part X, Line 24 - PPP Loan Payable: \$58,339; Full Forgiveness Received in 2021

Second Program Service Accomplishments Description**Description**

mentorship were to build capacity and confidence in managing obstetric conditions and complications, and help providers reflect on their work, manage stress, and feel respected in their roles in order to reduce potential burnout, improve motivation and support frontline health providers to manage PPH. The global COVID-19 pandemic introduced unexpected challenges to the APPHC effort, and as such the implementation of the PRONTO intervention was redesigned with dedicated training to delivering care in the context of COVID-19. The seven PRONTO intervention facilities in Zomba were purposively selected to provide representation from primary, secondary, and tertiary care facilities, while ensuring sufficient numbers of providers and deliveries to meet sample size requirements for the larger implementation research. The original 14 mentors who participated in the initial PRONTO Simulation Facilitator in-person course in March 2020 also completed a digital course on PRONTO's learning platform, 'PRONTOLearn,' to familiarize themselves with the elements of simulation and facilitation after the 6-month pause due to COVID-19. Mentors also received three coaching calls and feedback reports from the PRONTO Master Trainers. These calls were provided for the mentors to have the chance to discuss challenges and successes in running simulation in their facilities, for Master Trainers to provide feedback and advice, and for the PRONTO team to orient mentors to the next PRONTO SimPack™ in the implementation progression. The coaching calls were interspersed between simulation sessions. This PRONTO simulation intervention, while disrupted by COVID-19, generated important learnings. The mentors demonstrated self-motivation and dedication to the simulation and facilitation process, and expressed a desire to continue running simulation in their facilities. Their passion and commitment during the challenges of COVID-19 are an encouraging testament to the potential for sustaining the program in Zomba and expanding to other districts in Malawi, with contributions from these mentors. The pandemic provided an opportunity to test remote synchronous and asynchronous learning. Once the in-person PRONTO simulation and facilitation training occurred, rapid learning cycle were introduced so that learners could add more simulation content and grow their skills. A sustainable simulation and team communication program in Malawi is possible, and can be an important and useful tool for providers in frontline facilities as they work to improve their management of maternal and neonatal emergencies and the provision of respectful maternity care. The issues of facility administration engagement in supporting simulation and team training at the facility-level along with issues of incentives and investigating whether the CPD point system could be tailored for participation in simulation are two of the most important considerations moving forward. All mentors reported that the coaching calls and mentor reports were useful. They suggested that if given the opportunity to continuing to receive simulation learning support like this, they would make time to continue. Mentors reported that the combination of mentor-pair specific feedback reports and group coaching calls were each valuable in different ways and complemented one another. Mentors reported interest in running simulations on additional material such as preeclampsia/eclampsia. Throughout this intervention, it became clear to PRONTO the power of peer-to-peer support in encouraging mentors, providing lessons learned, and answering questions. We believe that establishing local champions that carry forward this sense of teamwork will be important for sustainability. These individuals could even work their way into master trainers continue to grow the scale of their impact. Some mentors were identified as being particularly qualified for this local champion role. The evidence from qualitative and quantitative data suggest that facility-based simulations can improve the quality of obstetric care by reinforcing clinical practices, communication and teamwork. This will not only improve the capacity of providers but will also be a way of sustaining the activities, in the absence of project-driven incentives. Some teamwork activities involved close contact of participants. These activities should be modified to remove some components that involve physical contact (or short distance interaction) to suit the current environment of social distancing to reduce potential spread of COVID-19.

Third Program Service Accomplishments Description

Description

training activities in Malawi and Nigeria. These trainings gave us insight into some project amendments we carried out during Y2 simulation and team training program for Alcancaar . We believe these amendments enhanced the learning of the Alcancaar mentors during Y2. PRONTO's 2020 training in Nigeria was a hybrid training with the learners gathering together in one location and PRONTO's master trainers connecting synchronously through virtual channels. The learners in Nigeria were at an introductory level. The Malawi program's mentors were at a more advanced level similar to the Alcancaar Mentors. For these mentors we developed a program of learning cycles where PRONTO Master Trainers provided intermittent "coaching" calls, lasting 1-2 hours each, along with video reflection and analysis of simulations and debriefs from the mentors. With a more advanced cohort we found the learning cycle of introducing curriculum and concepts via video calls and then offering intermittent virtual coaching calls based on the results of video coding of previously conducted simulation was extremely effective in engendering practice change and improvement. The biggest changes to the Alcancaar program was that the mentors received additional coaching and video reports and the new pre-term birth curriculum was covered in coaching calls and through video coding and video and coaching feedback rather than through an in-person training event. The end result for the mentors was the same as our original design - moving all mentors to the same point on a path to being PRONTO Master Trainers. The new simulation content that was taught to facilitators in PY2: 1) SimPackTM 11: Preterm (30 weeks) premature rupture of membranes (PPROM) - no delivery (COACHING CALL #1) 2) SimPackTM 12: Preterm (36 weeks) birth of a non-vigorous baby (COACHING CALL #1) 3) COVID SimPackTM (now called SimPackTM 13): COVID-19 suspected patient in early labour (no delivery) (COACHING CALL #1) 4) COVID SimPackTM (now called SimPackTM 14): COVID-19 positive patient with spontaneous vaginal delivery of a non-vigorous baby (COACHING CALL #1) 5) SimPackTM 15 (formerly SimPackTM 13): Preterm (31 weeks) placenta praevia (no birth) (COACHING CALL #2) 6) SimPackTM 16 (formerly SimPackTM 14): Spontaneous preterm (32 weeks) birth with chorioamnionitis of a non-vigorous baby (COACHING CALL #2) PRONTO International teaches simulation and team training in a range of content areas related to healthy pregnancy, intrapartum and post-partum care. PRONTO's teaching methods include in-person training, synchronous virtual training, and asynchronous learning modules delivered in a range of formats. Each format includes various assessments of skills and knowledge for the learner at different levels. PRONTO's asynchronous learning modules are assets and intellectual property that come in a range of forms including videos that are delivered to mentors over the PRONTO Learning Academy - our virtual training portal. Learning modules vary in length and most have a concomitant quiz or assessment associated. Mentors are enrolled in PRONTO's learning academy and are able to access and view the modules as learning tools for the duration of the contracted project. To build the mentors toward Master Trainer skill level, after the mentors have submitted both simulation and debrief videos and accompanying self-assessment forms, each mentor was given access to 6 PRONTO training modules as "pre-work" to be completed virtually, via the PRONTO Learning Academy. The pre-work included watching and completing various video modules on topics of advanced facilitation and debriefing and focuses on the facilitator's growth. Additionally, a Knowledge Assessment is also administered virtually as part of this pre-work. Based on the inputs the PRONTO team analyzed the data and offered two methods of providing feedback to mentors to encourage their growth: 1. Mentor reports - From the coded videos, the PRONTO team prepared individualized mentor reports providing detailed feedback to each mentor on areas they were performing well in, and areas in which they could improve for future learnings. 2. Synchronous calls - The PRONTO team provided live coaching in a 90-minute Zoom call format during which best practices and thematic areas that were emerging from the video coding and self-efficacy forms were discussed. This feedback loop was designed to provide ongoing support and as near "real time" feedback as possible given the realities of COVID, to encourage rapid practice improvement on behalf of the mentors. PRONTO provided this feedback loop to mentors at 3 different time points in PY3. In order to undertake the above-described observation and feedback process, the following preparatory training activities were undertaken: 1. Train the mentors, technical coordinators, stakeholders, and PRONTO in-country consulting team how to use cameras for the purpose of video coding. 2. Train the mentors, technical coordinators, stakeholders, and PRONTO in-country consulting team how to capture video correctly for the purposes of video coding. 3. Train an in-country PRONTO Portuguese-speaking consultant based at UniLurio how to code videos for simulation and debriefing fidelity. 4. Hire and train a set of in-country Portuguese-speaking consultants who could work directly with the Alcancaar team in an effort to create efficiency and clarity for this complex set of time points and implementation activities. Once the preparatory training activities were completed, the mentors facilitated simulation according to the implementation schedule from Alcancaar . The three time points in PY3 included: 1. Two-Day Training in Nampula - June 7-8, 2021 (originally described as "Coaching Call 1") This training included an additional training on camera use, how to capture videos, the introduction of the PRONTO Preterm Birth curriculum, and additional SimPackTM simulation scenarios, and a coaching call with Maya Johnson (PRONTO Master Trainer) on the first time point videos submitted by mentors. 2. Coaching Call 2 - July 28, 2021 3. Coaching Call 3 - Sept 22, 2021 All coaching calls were recorded and sent as video files to the Alcancaar team as part of our sharing products designed to inform and improve implementation in real time. Specialized low-tech simulation supplies designed to run preterm birth scenarios were procured and shipped as part of PY2.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	<p>Bihar, India: In 2020, PRONTO International continued a long-standing collaboration with CARE India in Bihar. PRONTO continued to support the nurse mentoring program called AMANAT Jyoti, where 80 Nurse Mentor Supervisors (NMS) trained approximately 1,000 AMANAT mentors in 375 Primary Health Care Centers. These mentors were Auxiliary Nurse Midwives (ANMs) and General Nurse Midwives (GNMs). In March 2020, the Indian government announced a complete shutdown in the country in response to the Covid pandemic. All PRONTO trainings were put on hold as only the essential workers were allowed to continue their work. Keeping the uncertainty of the pandemic in mind, PRONTO team worked to put together a virtual module of our Simulation Facilitation Training. We developed a hybrid training model, where ~40% of our training material could be taught remotely over a virtual platform and the hands-on simulation training would be done in-person. We conducted virtual training for all 80 NMSs and 20 CEmONC mentors in August. By December 2020, we were allowed to travel to facilities and conduct in-person trainings. We conducted our in-person training in 3 group sessions for all NMSs and CEmONC mentors. PRONTO conducted Fidelity Monitoring as the NMSs trained the AMANAT mentors and who then trained their peer mentors. PRONTO team was also requested by the Government of Bihar to conduct Respectful Maternity Care (RMC) training in district hospitals, as part of a national initiative, LaQshya, to strengthen the quality of care around labor. PRONTO conducted RMC training in 6 district hospitals for nurses, doctors, and support staff to sensitize them to providing respectful care to the pregnant mother and their companions as they come to the facility. PRONTO continued its work on the Sustained Engagement platform and conducted a pilot of three modules with about 100 NMS in 2020. PRONTO made its first foray into pre-service arena by training 99 nurse tutors for Christian Medical Association of India (CMAI), which operates 400 nursing colleges in India. The nurse tutors were trained on how simulation could be incorporated into their curriculum. Simulation has been shown to be effective education tool to increase the self-confidence of students in their clinical skills.</p>	102,612	0	0
	<p>Nigeria: In 2020, PRONTO continued its maternal and newborn health activities in partnership with Clinton Health Access Initiative (CHAI) in Niger State, Nigeria. In January 2020, PRONTO conducted an Advanced Simulation Facilitator Training (ASFT) in Minna, Nigeria. The training brought together 30 participants (20 project mentors and 10 representatives from the Niger State government) to build upon their existing skills in simulation and team-training, teach advanced debriefing concepts, discuss solutions for existing implementation challenges, and introduce a more clinically complex curriculum. Following the ASFT, the project mentors began utilizing the more clinically complex PRONTO simulation and team-training curriculum during their regular mentorship visits at health facilities in Niger State, aimed at increasing healthcare provider confidence in managing obstetric and neonatal emergencies, promoting respectful maternity care, and forming cohesive interprofessional healthcare provider teams. Immediately following the SFT training, PRONTO conducted a Simulation Assistant Training (SAT). The SAT brought together 26 healthcare providers from intervention facilities to train them to assist Simulation Facilitators while running simulation and teamwork activities in their health facilities. The training introduced simulation and team-training and taught the Simulation Assistants to facilitate teamwork activities, set-up for simulation, and prepare the patient actress. The goal of this training was to provide valuable, facility-based support to the Simulation Facilitators, while also priming the Simulation Assistants to transition into the role of Simulation Facilitator at the project's conclusion. In September 2020, PRONTO conducted a Video Coding Training with two Nigerian counterparts familiar with the project in Niger State. The 3-day training introduced video coding as a monitoring and evaluation tool and</p>	92,846	0	0

transferred monitoring and evaluation skills to these two individuals, teaching them to use video coding to monitor and evaluate program fidelity. In December 2020, as part of project sustainability efforts, PRONTO conducted a Simulation Facilitator Training. This training took the 26 existing facility-based Simulation Assistants trained in January 2020 and introduced them to additional skillsets needed to be full Simulation Facilitators with the ability to run simulations and team-training independently once the project concluded. Due to the COVID-19 pandemic, this training was a hybrid training, with the participants coming together in Minna, Nigeria and PRONTO trainers joining virtually from Kenya and the United States. Together with the support of Nigeria-based Peer Facilitators, PRONTO's Master Trainers facilitated sessions on simulation and debriefing skills and gave feedback during the participants' hands on practice.

<p>Madagascar: The Advancements in Postpartum Hemorrhage Care (APPHC) Partnership, led by Breakthrough Research and the HEARD Project, supports USAID's objective of assuring high-quality, respectful and accessible essential maternity services provision within and beyond the context of COVID-19 by: 1. Generating and testing solutions to address key implementation barriers for PPH prevention and treatment; and 2. Advancing effective implementation of interventions, strategies, and innovations that can strengthen existing care for PPH prevention and treatment. The 2019-20 APPHC implementation research study in Madagascar introduced and tested a provider support approach that addresses provider vulnerabilities and strengthens mentorship for CSB-level providers. The approach included a mentorship model using highly realistic simulation enhanced with a Virtual Mentor and a set of tools to support the provider in the management of PPH. In this pilot study, our partners at UCSF implemented this approach in 20 CSBs in 2 regions.: 10 CSBs in Vatovavy Fitovinany (V7V) region: interventions included PPH simulation, VM, and provider support tools.; 10 CSBs in Atsinanana region: interventions included PPH simulation and VM... A total of 31 providers across both regions participated in the study. UCSF trained 13 mentors (10 primary and 3 backup) who each traveled to two of the 20 CSBs to provide PPH simulation training experiences within the facilities. A patient actress accompanied each mentor to act as the woman experiencing PPH. Mentors used simulation materials provided by PRONTO International to make the PPH simulation as realistic as possible, such as special pants for the actress, fake blood, and a small white board for the mentor to communicate silently during the simulation. During the PPH simulation, providers were invited to "talk" to a hands-free, voice-only chatbot that asked questions and gave recommendations based on the patient's condition. This chatbot, called Virtual Mentor (VM), worked as an application on a mobile tablet device and communicated in French.</p>	59,097	0	0
<p>Niger: In 2020, PRONTO was awarded a subcontract on the USAID-funded Kulawa project in Niger, which aims to improve health, family planning, and nutrition outcomes in the Maradi, Zinder, and Tillaberi regions. PRONTO is a technical partner on the project who will provide expertise in capacity strengthening and team training approaches to improve quality of care. Over the course of the 5-year project, PRONTO will implement an EmONC simulation and team-training mentoring model at the district and facility level. Our goal is to leave each district with a sustainable model that allows providers to access continuous, hands-on learning and improvement using PRONTO's in-situ simulation and team training methodology and our simulation supplies designed for limited-resource settings. The first 6 months of the project (June - December) were used for project planning purposes. During this period, PRONTO set up the necessary internal frameworks and controls for the project, oriented project partners to PRONTO's work, conducted work planning alongside project partners, contributed to the monitoring, evaluation, and learning plan, and assisted in recruitment and hiring of in-country project staff.</p>	46,531	0	0
<p>PRONTO Packs: Excluding program-related purchases, PRONTO sold 2 PRONTO Packs™, 4 PartoPants™, and 18 individual simulation supplies in 2020. All of 2020's sales were to hospitals and universities within the United States.</p>	15,604	0	0
<p>Total:</p>	316,690	0	0