

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2018

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10/01, 2018, and ending 09/30, 2019

Form 990 header section containing organization name (FAMILY HEALTH INTERNATIONAL), EIN (23-7413005), address (359 BLACKWELL STREET, DURHAM, NC 27701), and principal officer (PATRICK C. FINE).

Part I Summary

Table with 22 rows detailing financial and governance information. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Revenue total: 781,621,034. Expenses total: 780,626,879.

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.

Signature block containing officer signature (RASIKA PADMAPERUMA), title (CFO), and date (08/11/2020).

Paid Preparer Use Only section containing preparer name (SCOTT TIDWELL), signature, date (8-11-2020), and firm information (ERNST & YOUNG U.S. LLP).

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 230,597,239. including grants of \$ 99,624,475.) (Revenue \$ 46,737,548.) HIV/AIDS - FHI360 PROVIDES STATE-OF-THE-ART, CUSTOMIZED INTERVENTIONS TO ADDRESS LOCAL NEEDS AND ADVOCATES FOR COMPASSIONATE AND RESOURCED SUPPORT TO NATIONAL GOVERNMENTS AND LOCAL COMMUNITIES. PROGRAMS AND SERVICES ARE DESIGNED TO CHANGE BEHAVIOR, PROTECT HEALTH, PROMOTE PREVENTION SERVICES, BUILD STRONG HEALTH SYSTEMS, IMPROVE ACCESS TO TREATMENT AND CARE, PREVENT MOTHER TO CHILD HIV TRANSMISSION, PROTECT AND SUPPORT VULNERABLE CHILDREN AND MONITOR AND EVALUATE PROGRAMS. IN ADDITION TO RESEARCH, FHI360 HAS PROVIDED NEARLY 4 MILLION PEOPLE WITH COUNSELING AND TESTING SERVICES, AND ALMOST 1 MILLION PEOPLE WITH ANTIRETROVIRAL THERAPY GLOBALLY.

4b (Code:) (Expenses \$ 158,560,528. including grants of \$ 68,502,595.) (Revenue \$ 32,137,116.) SOCIAL, ENVIRONMENTAL, AND ECONOMIC DEVELOPMENT - FHI360'S SOCIAL PROGRAMS ENGAGE YOUTH AS PARTNERS IN DEVELOPMENT AND AGENTS FOR CHANGE. GENDER EQUALITY IS FOSTERED BETWEEN BOYS AND GIRLS BEGINNING IN EARLY CHILDHOOD AND PROMOTES GENDER EQUITY TO EDUCATION AND WORK, WHICH REDUCES GENDER-BASED VIOLENCE. FHI360 PROMOTES COMMUNITY SOLUTIONS FOR PROTECTING NATURAL RESOURCES AND ENCOURAGES SUSTAINABLE AGRICULTURE AND LAND USE PRACTICES. THE ECONOMIC DEVELOPMENT PROGRAMS CULTIVATE ENTREPRENEURSHIP IN DEVELOPING COUNTRIES THROUGH MICRO-ENTERPRISE AND MICRO-FINANCE PROGRAMS, WHICH STRENGTHENS LIVELIHOOD FOR THE MOST-AT-RISK HOUSEHOLDS.

4c (Code:) (Expenses \$ 130,389,034. including grants of \$ 55,577,202.) (Revenue \$ 21,782,917.) GLOBAL HEALTH, NUTRITION, AND DEVELOPMENT - FHI360'S GLOBAL HEALTH AND NUTRITION PROGRAMS WORK TO STRENGTHEN HEALTH SYSTEMS, PARTICULARLY IN RESOURCE CONSTRAINED SETTINGS. THESE PROGRAMS HELP PREVENT AND MANAGE COMMUNICABLE DISEASES AND REDUCE NEGLECTED TROPICAL DISEASES. THE ORGANIZATION DEVELOPS STRATEGIES FOR PREVENTING AND MANAGING CHRONIC DISEASE, INTEGRATING HEALTH AREAS WHICH PRODUCE EFFICIENCIES, AND BUILD CONSUMER DEMAND FOR EVIDENCE-BASED HEALTH PRODUCTS AND SERVICES. THE ROLE OF NUTRITION IN PREVENTING DISEASE AND IMPROVING HEALTH IS CONTINUALLY EVALUATED AND ADVOCATED. FHI FOUNDATION SUPPLEMENTS DONOR FUNDS, TO BE USED FOR RESEARCH AND INTERNAL DEVELOPMENT ACTIVITIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 134,054,320. including grants of \$ 56,977,112.) (Revenue \$ 26,626,711.)

4e Total program service expenses 653,601,121.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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 1,545		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
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)? . .	X	
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
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.		X
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.		X

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD W. WHITEHORNE CHAIRMAN (THRU 11/18)	2.00 9.00	X						16,104.	6,039.	0.
(2) PAUL R. DE LAY JR CHAIRMAN (BEG 11/18)	2.00 0.	X						10,736.	0.	0.
(3) VIVIAN LOWERY DERRYCK VICE CHAIR, BOARD OF DIRECTORS	2.00 0.	X						11,407.	0.	0.
(4) CINDY Y. HUANG BOARD MEMBER (BEG 11/18)	2.00 0.	X						0.	0.	0.
(5) GREGORY M. GUNN BOARD MEMBER (BEG 11/18)	2.00 0.	X						0.	0.	0.
(6) JANET R. COWELL BOARD MEMBER	2.00 0.	X						8,555.	0.	0.
(7) HELGA YING BOARD MEMBER	2.00 0.	X						10,401.	0.	0.
(8) HOLLY WISE BOARD MEMBER	2.00 0.	X						10,736.	0.	0.
(9) JOHN E. NEWSTEAD BOARD MEMBER	2.00 0.	X						7,381.	0.	0.
(10) PHILIP R LOCHNER JR BOARD MEMBER	2.00 2.00	X						12,078.	6,039.	0.
(11) SANDRA LYNE THURMAN BOARD MEMBER	2.00 0.	X						6,039.	0.	0.
(12) SHEILA W. MITCHELL BOARD MEMBER	2.00 0.	X						9,730.	0.	0.
(13) WARREN SIMMONS BOARD MEMBER	2.00 0.	X						11,072.	0.	0.
(14) PATRICK C. FINE CHIEF EXECUTIVE OFFICER	40.00 0.	X		X				426,732.	0.	35,597.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBERT R. PRICE ----- EXEC VP/GEN COUNSEL/SECRETARY	40.00 0.			X				174,127.	24,000.	34,996.
(16) RASIKA PADMAPERUMA ----- CHIEF FINANCIAL OFFICER	40.00 4.00			X				259,831.	0.	53,830.
(17) DEBORAH KENNEDY-IRAHEA ----- CHIEF OPERATIONS OFFICER	40.00 0.			X				297,360.	0.	35,288.
(18) PAMELA MYERS ----- CHIEF HUMAN RESOURCE OFFICER	40.00 0.			X				243,470.	0.	48,773.
(19) SEAN TEMEEMI ----- CHIEF COMPLIANCE OFFICER	40.00 0.			X				244,546.	0.	49,854.
(20) TIMOTHY MASTRO ----- CHIEF SCIENCE OFFICER	40.00 0.			X				271,826.	0.	51,641.
(21) JACQUELINE MCPHERSON ----- REGIONAL DIRECTOR	40.00 0.				X			269,027.	0.	40,844.
(22) LANETA DORFLINGER ----- SCIENTIST	40.00 0.				X			236,732.	0.	29,616.
(23) LAURA C. KAYSER ----- DEPUTY TO THE COO	40.00 0.				X			259,962.	0.	50,795.
(24) LEILA ABU-GHEIDA ----- DIR PLATFORM & PORTFOLIO MGMT	40.00 0.				X			212,223.	0.	39,549.
(25) MICHAEL P. MAZZA ----- DIRECTOR, INFORMATION SOLUTION	40.00 0.				X			204,242.	0.	45,066.
1b Sub-total								540,971.	12,078.	35,597.
c Total from continuation sheets to Part VII, Section A								5,321,821.	24,000.	857,838.
d Total (add lines 1b and 1c)								5,862,792.	36,078.	893,435.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 407

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 30

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) NADRA C. FRANKLIN DIR SOC & ECO DEVELOPMENT	40.00 0.				X			233,462.	0.	42,276.
(27) NZAPFURUNDI CHABIKULI DIR GLOBAL HEALTH, POPULATION	40.00 0.				X			233,981.	0.	48,583.
(28) PATRICK MONTESANO DIRECTOR, U.S. PROGRAMS	40.00 0.				X			263,391.	0.	40,254.
(29) RICARDO MICHEL MANAGING DIRECTOR (BEG 9/18)	40.00 0.				X			42,308.	0.	2,471.
(30) TED FITZGERALD DIR GLOBAL RESEARCH SERVICES	40.00 0.				X			231,873.	0.	47,710.
(31) WELLINGTON PAK DIRECTOR, BUSINESS STRATEGY	40.00 0.				X			196,330.	0.	43,971.
(32) HAYLEY BRYANT PROJECT DIRECTOR	40.00 0.					X		308,806.	0.	27,187.
(33) LISA STEVENS SCIENTIST	40.00 0.					X		283,341.	0.	27,710.
(34) MATTHEW PIETZ PROJECT DIRECTOR	40.00 0.					X		296,873.	0.	26,127.
(35) MICHAEL CASSELL TECHNICAL ADVISOR	40.00 0.					X		280,338.	0.	24,073.
(36) STEPHEN J. MILLS DIR, PROJECT PORTFOLIO	40.00 0.					X		277,772.	0.	47,224.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 407

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	14,750,000.				
	e Government grants (contributions)	1e	520,744,325.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	118,083,273.				
	g Noncash contributions included in lines 1a-1f: \$		35,145.				
	h Total. Add lines 1a-1f			653,577,598.			
	Program Service Revenue	2a USAID			80,665,887.	80,665,887.	
b CDC			11,293,601.	11,293,601.			
c GOVT OF EQUATORIAL GUINEA			11,114,538.	11,114,538.			
d MILLENNIUM CHALLENGE CORP			6,596,583.	6,596,583.			
e DHHS			3,750,828.	3,750,828.			
f All other program service revenue			13,862,855.	13,862,855.			
g Total. Add lines 2a-2f			127,284,292.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts).			1,632,272.		
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			42,311.			42,311.
				(i) Real	(ii) Personal		
	6a Gross rents			2,885,595.			
	b Less: rental expenses			4,494,449.			
	c Rental income or (loss)			-1,608,854.			
	d Net rental income or (loss)			-1,608,854.			-1,608,854.
				(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				-28,205.		
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)				-28,205.		
	d Net gain or (loss)			-28,205.			-28,205.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a			0.			
	b Less: direct expenses b			0.			
c Net income or (loss) from fundraising events			0.				
9a Gross income from gaming activities. See Part IV, line 19 a			0.				
b Less: direct expenses b			0.				
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances a			0.				
b Less: cost of goods sold b			0.				
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code				
11a INTERCOMPANY REVENUE			999999	721,620.		721,620.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				721,620.			
12 Total revenue. See instructions.				781,621,034.	127,284,292.	759,144.	

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	110,392,102.	110,392,102.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	170,289,285.	170,289,285.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	7,046,477.	3,233,665.	3,812,812.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	112,500,104.	50,576,608.	61,923,496.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,664,802.	11,385,619.	2,279,183.	
9 Other employee benefits	37,170,465.	30,970,719.	6,199,746.	
10 Payroll taxes	8,174,358.	6,810,938.	1,363,420.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	904,655.	566,695.	337,960.	
c Accounting	1,179,169.	430,790.	748,379.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	32,240,296.	24,036,912.	8,203,384.	
12 Advertising and promotion	212,097.	151,482.	60,615.	
13 Office expenses	24,924,799.	20,981,107.	3,943,692.	
14 Information technology	3,653,430.	1,237,222.	2,416,208.	
15 Royalties	0.			
16 Occupancy	29,174,111.	12,003,986.	17,170,125.	
17 Travel	32,441,529.	28,160,934.	4,280,595.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	16,318,200.	15,617,240.	700,960.	
20 Interest	31,796.	60.	31,736.	
21 Payments to affiliates	340,227.	27,889.	312,338.	
22 Depreciation, depletion, and amortization	1,505,437.		1,505,437.	
23 Insurance	1,533,058.	760,095.	772,963.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FIELD OFFICE EXPENSES	99,764,486.	95,661,526.	4,102,960.	
b PARTICIPANT/PASS THROUGH	37,316,056.	37,316,056.		
c EQUIPMENT	10,878,723.	10,818,845.	59,878.	
d ALL OTHER EXPENSES	28,971,217.	22,171,346.	6,799,871.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	780,626,879.	653,601,121.	127,025,758.	
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)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	111,620,097.	1	81,370,354.
	2 Savings and temporary cash investments	14,747,996.	2	41,857,352.
	3 Pledges and grants receivable, net	6,000,000.	3	10,750,000.
	4 Accounts receivable, net	106,695,901.	4	94,297,753.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	7,608,231.	9	8,582,229.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,328,209.		
	b Less: accumulated depreciation	10b 18,276,287.	13,307,217.	10c 12,051,922.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	3,872,006.	15	2,943,999.
16 Total assets. Add lines 1 through 15 (must equal line 34)	263,851,448.	16	251,853,609.	
Liabilities	17 Accounts payable and accrued expenses	89,937,163.	17	81,772,589.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	73,228,301.	19	70,354,616.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	9,433,383.	25	8,369,702.
	26 Total liabilities. Add lines 17 through 25	172,598,847.	26	160,496,907.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	91,252,601.	27	91,356,702.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	91,252,601.	33	91,356,702.	
34 Total liabilities and net assets/fund balances	263,851,448.	34	251,853,609.	

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	781,621,034.
2	Total expenses (must equal Part IX, column (A), line 25)	2	780,626,879.
3	Revenue less expenses. Subtract line 2 from line 1	3	994,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,252,601.
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	-890,054.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	91,356,702.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

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

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box 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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	597,129,599.	683,624,390.	751,826,554.	813,431,046.	653,577,598.	3,499,589,187.
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	10,329,053.	11,773,155.	13,070,115.	15,445,238.	127,284,293.	177,901,854.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	607,458,652.	695,397,545.	764,896,669.	828,876,284.	780,861,891.	3,677,491,041.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,542,156.	1,991,730.	1,977,600.	4,435,581.	79,624,549.	89,571,616.
c Add lines 7a and 7b.	1,542,156.	1,991,730.	1,977,600.	4,435,581.	79,624,549.	89,571,616.
8 Public support. (Subtract line 7c from line 6.)						3,587,919,425.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	607,458,652.	695,397,545.	764,896,669.	828,876,284.	780,861,891.	3,677,491,041.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,013,577.	3,940,790.	642,575.	858,256.	65,728.	9,520,926.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	4,013,577.	3,940,790.	642,575.	858,256.	65,728.	9,520,926.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	52,063.	665,984.	2,543,912.		721,620.	3,983,579.
13 Total support. (Add lines 9, 10c, 11, and 12.)	611,524,292.	700,004,319.	768,083,156.	829,734,540.	781,649,239.	3,690,995,546.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	97.21 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.23 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	.26 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.40 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER REVENUE	52,063.	665,984.	2,543,912.		721,620.	3,983,579.
D.C. CONFERENCE CENTER REVENUE						
TOTALS	<u>52,063.</u>	<u>665,984.</u>	<u>2,543,912.</u>		<u>721,620.</u>	<u>3,983,579.</u>

Schedule of Contributors

2018

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

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
---	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **FAMILY HEALTH INTERNATIONAL**

Employer identification number
23-7413005

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 14,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 425,967,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 52,508,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 44,908,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 37,745,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 25,169,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **FAMILY HEALTH INTERNATIONAL**

Employer identification number
23-7413005

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 23,901,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 35,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **FAMILY HEALTH INTERNATIONAL**

Employer identification number

23-7413005

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	PUBLICLY TRADED SECURITIES	\$ 35,145.	VAR

Name of organization **FAMILY HEALTH INTERNATIONAL**

Employer identification number
23-7413005

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

FAMILY HEALTH INTERNATIONAL

23-7413005

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	5,402,725.	
(3) 457(B) DEFERRED COMP PLAN LIAB	2,749,437.	
(4) OTHER LIABILITIES	217,540.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		8,369,702.

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

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FHI 360 IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FHI 360 AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2019 AND 2018, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR ARE TO BE TAKEN. ACCORDINGLY, NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	6.	144.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	22,643,191.
(2) EAST ASIA AND THE PACIFIC	11.	484.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	59,094,000.
(3) MIDDLE EAST AND NORTH AFRICA	5.	249.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	34,615,568.
(4) RUSSIA/INDEPENDENT STATES	1.	16.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	207,819.
(5) SOUTH ASIA	8.	452.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	54,570,059.
(6) SUB-SAHARAN AFRICA	52.	2,358.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	435,849,887.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	83.	3,703.			606,980,524.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	83.	3,703.			606,980,524.

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

Schedule F (Form 990) 2018

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)			CENT. AMERICA/CARIBBEAN	SOCIAL ECON. ENVIRO. DEV.	791,872.				
(2)			CENT. AMERICA/CARIBBEAN	GLOBAL EDUCATION	5,144,925.				
(3)			CENT. AMERICA/CARIBBEAN	SOCIAL ECON. ENVIRO. DEV.	1,622,497.				
(4)			EAST ASIA/PACIFIC	GLOBAL HEALTH	5,296,965.				
(5)			EAST ASIA/PACIFIC	GLOBAL EDUCATION	94,825.				
(6)			EAST ASIA/PACIFIC	REPRODUCTIVE HEALTH	71,171.				
(7)			EAST ASIA/PACIFIC	SOCIAL ECON. ENVIRO. DEV.	2,490,172.				
(8)			EAST ASIA/PACIFIC	HIV/AIDS PREVENTION	6,105,766.				
(9)			EUROPE/ICELAND/GREENLAND	GLOBAL EDUCATION	1,159,719.				
(10)			EUROPE/ICELAND/GREENLAND	SOCIAL ECON. ENVIRO. DEV.	5,924,123.				
(11)			MIDDLE EAST/NORTH AFRICA	GLOBAL HEALTH	461,522.				
(12)			MIDDLE EAST/NORTH AFRICA	GLOBAL EDUCATION	618,719.				
(13)			MIDDLE EAST/NORTH AFRICA	SOCIAL ECON. ENVIRO. DEV.	5,438,778.				
(14)			NORTH AMERICA	HIV/AIDS PREVENTION	243,607.				
(15)			RUSSIA/NEWLY IND. STATES	SOCIAL ECON. ENVIRO. DEV.	139,097.				
(16)			RUSSIA/NEWLY IND. STATES	HIV/AIDS PREVENTION	9,646.				

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

3 Enter total number of other organizations or entities ▶ _____

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)			SOUTH AMERICA	GLOBAL EDUCATION	12,144,805.				
(2)			SOUTH ASIA	GLOBAL HEALTH	9,597,172.				
(3)			SOUTH ASIA	GLOBAL EDUCATION	5,528,707.				
(4)			SOUTH ASIA	REPRODUCTIVE HEALTH	365,973.				
(5)			SOUTH ASIA	SOCIAL ECON. ENVIRO. DEV.	2,131,408.				
(6)			SOUTH ASIA	HIV/AIDS PREVENTION	1,062,768.				
(7)			SUB-SAHARAN AFRICA	GLOBAL HEALTH	18,906,415.				
(8)			SUB-SAHARAN AFRICA	GLOBAL EDUCATION	12,196,182.				
(9)			SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	3,200,077.				
(10)			SUB-SAHARAN AFRICA	SOCIAL ECON. ENVIRO. DEV.	12,207,923.				
(11)			SUB-SAHARAN AFRICA	HIV/AIDS PREVENTION	57,333,874.				
(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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▶** 27.

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

Part V Supplemental Information

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

PROCEDURES FOR MONITORING USE OF GRANTS

FHI 360 UTILIZES A VARIETY OF TOOLS TO ENSURE PROGRAMS ARE IMPLEMENTED AT APPLICABLE REQUIREMENTS AND FOLLOWING SOUND FINANCIAL PRACTICES. THESE TOOLS INCLUDE, BUT ARE NOT LIMITED TO, TECHNICAL SITE VISITS TO GRANTEE OFFICES, ATTENDANCE AT GRANTEE EVENTS TO MEASURE SUCCESS, FINANCIAL MONITORING AND AUDITS, REGULAR TECHNICAL AND FINANCIAL REPORTING, REVIEW OF PROCUREMENT DOCUMENTS AND REVIEWS OF BUDGET VERSUS ACTUAL EXPENSES. MOST GRANTS ARE FUNDED FOR ONE YEAR OR LESS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 522 PRODUCTIONS, LLC 711 KING ST 2ND FL ALEXANDRIA, VA 22314	20-0564214		302,100.				SOCIO-ECONOMIC DEVELOPMENT
(2) ABT ASSOCIATES, INC. PO BOX 84-5586 BOSTON, MA 02284-5586	04-2347643		190,150.				HIV/AIDS PREVENTION
(3) ADIRONDACK ACCESSABILITY 687 FIGERT ROAD COLD BROOK, NY 13324	16-1587281	501(C)(3)	46,424.				SOCIO-ECONOMIC DEVELOPMENT
(4) ADVENTURE TRAVEL TRADE ASSOCIATION 601 UNION ST, STE 4200 SEATTLE, WA 98101	27-0108000	501(C)(3)	346,849.				GENERAL SUPPORT
(5) AGA KHAN FOUNDATION USA 1825 K ST NW, STE 901 WASHINGTON, DC 20006	52-1231983	501(C)(3)	48,419.				GLOBAL HEALTH
(6) ALAN NEWMAN RESEARCH 1025 BOULDERS PKWY RICHMOND, VA 23225	54-1090609		79,767.				SOCIO-ECONOMIC DEVELOPMENT
(7) AMDEE, LLC 10611 PINE HAVEN TERR N BETHESDA, MD 20852	27-2225163		27,270.				SOCIO-ECONOMIC DEVELOPMENT
(8) AMERICAN INST. FOR RSRCH IN THE BEHAV. SCIE PO BOX 28126 NEW YORK, NY 10087-8126	25-0965219	501(C)(3)	33,284.				SOCIO-ECONOMIC DEVELOPMENT
(9) ARIZONA STATE UNIVERSITY 660 S MILL AVE, STE 312 TEMPE, AZ 85287	86-0196696	GOVT	334,240.				EDUCATIONAL DEVELOPMENT
(10) AVAC 423 W 127TH ST, 4TH FL NEW YORK, NY 10027	94-3240841	501(C)(3)	462,628.				HIV RELATED RESEARCH
(11) AVENIR HEALTH, INC. 41A NEW LONDON TRNPKE GLASTONBURY, CT 06033	20-4816286	501(C)(3)	261,398.				HIV/AIDS PREVENTION
(12) AZAZ ELSHAMI 5340 HOLMES RUN PRKWY ALEXANDRIA, VA 22304	33-0557173		7,894.				RESEARCH AND TRAINING SUPPORT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BALTIMORE CITY MAYORS OFFICE 417 EAST FAYETTE ST BALTIMORE, MD 21202	52-6000769	GOVT	48,924.				YOUTH WORKFORCE AND EDUCATION
(2) BAMYAN MEDIA, INC. 2885 SANFORD AVE SW GRANDVILLE, MI 49418	27-1457156	501(C)(3)	61,785.				EDUCATIONAL DEVELOPMENT
(3) BANK STREET COLLEGE OF EDUCATION 610 W. 112 STREET NEW YORK, NY 10025	13-5562167	501(C)(3)	25,200.				SOCIO-ECONOMIC DEVELOPMENT
(4) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 330 BROOKLINE AVE, BR-109 BOSTON, MA 02215	04-2103881	501(C)(3)	1,267,462.				HIV RELATED RESEARCH
(5) BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02215	04-2774441	501(C)(3)	39,443.				CLINICAL TRIALS RESEARCH
(6) BRIDGE MULTIMEDIA CORPORATION 226 WEST 26TH ST NEW YORK, NY 10001	13-4157962		59,995.				YOUTH DISABILITY
(7) BRIGHAM & WOMEN'S HOSPITALS PO BOX 3887 BOSTON, MA 02241-3887	04-2312909	501(C)(3)	31,907.				GLOBAL HEALTH RESEARCH
(8) CARE, INC. 151 ELLIS STREET NE ATLANTA, GA 30303-2440	13-1685039	501(C)(3)	1,203,448.				HIV/AIDS PREVENTION
(9) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106-7015	34-1018992	501(C)(3)	635,069.				HIV RELATED RESEARCH
(10) CATHOLIC RELIEF SERVICES USCCB 228 W LEXINGTON ST BALTIMORE, MD 21201-3443	13-5563422	501(C)(3)	509,585.				SOCIO-ECONOMIC DEVELOPMENT
(11) CAYEN SYSTEMS 7100 W CENTER STREET MILWAUKEE, WI 53210	47-5313048		16,800.				SOCIO-ECONOMIC DEVELOPMENT
(12) CENTER FOR APPLIED LINGUISTICS 4646 40TH STREET, NW WASHINGTON, DC 20016	52-0807619	501(C)(3)	34,070.				YOUTH EDUCATION

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDFUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501(C)(3)	146,533.				SOCIO-ECONOMIC DEVELOPMENT
(2) CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD ST SAN FRANCISCO, CA 94103	94-6000417	GOVT	15,551.				HIV/AIDS PREVENTION
(3) CITY OF ALBANY 24 EAGLE STREET ALBANY, NY 12207	14-6002058	GOVT	104,864.				YOUTH WORKFORCE AND EDUCATION
(4) CITY OF LOS ANGELES 1200 W. 7TH STREET LOS ANGELES, CA 90017	95-6000735	GOVT	430,046.				SOCIO-ECONOMIC DEVELOPMENT
(5) CITY OF ST LOUIS 1520 MARKET STREET ST LOUIS, MO 63103	43-6003231	GOVT	311,426.				SOCIO-ECONOMIC DEVELOPMENT
(6) COLLEGE GURL, LLC 3910 GEORGIA AVE NW WASHINGTON, DC 20011	81-0819172	501(C)(3)	6,500.				SOCIO-ECONOMIC DEVELOPMENT
(7) COMMUNITY PARTNERS 1000 N ALAMEDA ST LOS ANGELES, CA 90012	95-4302067	501(C)(3)	5,636.				YOUTH OBESITY RESEARCH
(8) CONFLICT AND DEVELOPMENT FOUNDATION 502 FLORENCE STREET CASTROVILLE, TX 78009	46-1012587	501(C)(3)	759,808.				SOCIO-ECONOMIC DEVELOPMENT
(9) CORETEST SYSTEMS, INC. 3555 AIRWAY DR RENO, NV 89511	77-0037722		29,426.				AFGHANISTAN HIGHER EDUCATION
(10) CENTER FOR INTL PRIVATE ENTERPRISES 1211 CONNECTICUT AVE WASHINGTON, DC 20036	52-1398742	501(C)(3)	81,146.				SOCIO-ECONOMIC DEVELOPMENT
(11) DELOITTE CONSULTING, LLP PO BOX 844717 DALLAS, TX 75284-4717	06-1454513		1,358,520.				HIV/AIDS PREVENTION
(12) DEVELOPMENT GATEWAY, INC. 1110 VERMONT AVE NW WASHINGTON, DC 20005	52-2318905		89,790.				NUTRITION DEVELOPMENT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DIMAGI, INC. 585 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	83-0343298		99,207.				GLOBAL HEALTH
(2) DRUG AND DEVICE DEVELOPMENT SOLUTIONS, LLC 4917 SUN LAKE COURT HOLLY SPRINGS, NC 27540	27-3742347	501(C)(3)	11,880.				SOCIO-ECONOMIC DEVELOPMENT
(3) EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 740 OLNEY RD NORFOLK, VA 23501	54-6055378	501(C)(3)	22,948.				HIV RELATED RESEARCH
(4) ECONOMIC DEVELOPMENT 43 HAWKINS STREET BOSTON, MA 02114	04-2519577	GOVT	92,086.				YOUTH WORKFORCE AND EDUCATION
(5) EDUCATION FOR EMPLOYMENT 1612 K STREET NW WASHINGTON, DC 20006	82-0578781	501(C)(3)	1,093,811.				INTRNATL DEVELOPMENT RELIEF SERVICES
(6) EDUVALLEY CORP 200 PARK AVENUE NEW YORK, NY 10171	30-0943408		94,262.				EDUCATIONAL DEVELOPMENT
(7) ELECTRONIX EXPRESS 900 HART ST RAHWAY, NJ 07065	22-2289687		30,187.				AFGHANISTAN HIGHER EDUCATION
(8) EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 30322	58-0566256	501(C)(3)	3,432,930.				HIV RELATED RESEARCH
(9) EQUAL ACCESS INTERNATIONAL 271 AUSTIN STREET SAN FRANCISCO, CA 94109	94-3402601	501(C)(3)	598,420.				SOCIO-ECONOMIC DEVELOPMENT
(10) ESSENTIAL ACCESS HEALTH 3600 WILSHIRE BLVD LOS ANGELES, CA 90010	95-2564024	501(C)(3)	93,924.				REPRODUCTIVE HEALTH
(11) EVALUATION DESIGN 1116 BELVIDERE DR NASHVILLE, TN 37204	62-1822890		15,265.				SOCIO-ECONOMIC DEVELOPMENT
(12) EVERGREEN EVALUATION AND CONSULTING, INC. 16 BRADLEY BOW ROAD JERICHO, VT 05465-3136	45-3846065		8,750.				SOCIO-ECONOMIC DEVELOPMENT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 02215-4302	04-2510564	501(C)(3)	16,718.				GLOBAL HEALTH
(2) FHI SOLUTIONS, LLC 1825 CONNECTICUT AVE WASHINGTON, DC 20009	45-2462813	501(C)(3)	7,577.				HIV/AIDS PREVENTION
(3) FLG ENTERPRISES, LLC 6711F WASHINGTON BLVD WASHINGTON, DC 22213	50-0787605		18,719.				EDUCATIONAL DEVELOPMENT
(4) FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET MIAMI, FL 33199	65-0177616	GOVT	14,845.				HIV/AIDS PREVENTION
(5) FORUM ONE COMMUNICATIONS CORP 15954 JACKSON CREEK PKWY MONUMENT, CO 80132	94-3261569		565,988.				SOCIO-ECONOMIC DEVELOPMENT
(6) FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVENUE SEATTLE, WA 98109	23-7156071	501(C)(3)	466,680.				CLINICAL TRIALS RESEARCH
(7) FSG, INC. 123 MISSION STREET SAN FRANCISCO, CA 94105	20-2776974	501(C)(3)	532,650.				MGMT & TECHNICAL ASSISTANCE
(8) FUN BRICKS, LLC ARPIT VARMA 15 VENUS ROAD SYOSSET, NY 11791	46-5412547		20,000.				SOCIO-ECONOMIC DEVELOPMENT
(9) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 22030-4422	54-0836354	GOVT	229,625.				EDUCATIONAL DEVELOPMENT
(10) GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147	53-0196584	501(C)(3)	2,148,181.				HIV RELATED RESEARCH
(11) GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147	53-0196584	501(C)(3)	105,600.				HIV RELATED RESEARCH
(12) GEORGIA SOUTHERN UNIVERSITY 261 FOREST DRIVE STATESBORO, GA 30458	58-2354256	501(C)(3)	85,000.				HIV RELATED RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATIO PO BOX 3999 ATLANTA, GA 30302-3999	58-1845423	501(C)(3)	29,657.				ENGLISH LANGUAGE
(2) GEORGIA TECH RESEARCH CORPORATION 505 10TH ST. NW, STE 300 ATLANTA, GA 30332	58-0603146	501(C)(3)	877,072.				HIV RELATED RESEARCH
(3) GOBEE GROUP, LLC 2323 BROADWAY OAKLAND, CA 94612	27-2767701		6,779.				HIV RELATED RESEARCH
(4) GRACE INSTRUMENT COMPANY 9434 KATY FRWY, STE 300 HOUSTON, TX 77055	46-1497989		17,523.				AFGHANISTAN HIGHER EDUCATION
(5) GRAMEEN FOUNDATION US 1101 15TH STREET NW WASHINGTON, DC 20005	73-1502797	501(C)(3)	120,116.				INTRNATL ECONOMIC DEVELOPMENT
(6) GRETCHEN SWANSON CENTER FOR NUTRITION 8401 WEST DODGE RD, STE 100 OMAHA, NE 68114	27-4313546	501(C)(3)	36,767.				NUTRITION DEVELOPMENT
(7) GSMA MOBILE FOR DEVELOPMENT 165 OTTLEY DRIVE ATLANTA, GA 30324	37-1552838	501(C)(3)	116,194.				MOBILE SOLUTIONS
(8) HARLEM MAGICMASTERS INTERNATIONAL 325 WEST 38TH ST NEW YORK, NY 10018	06-1638326		30,500.				SOCIO-ECONOMIC DEVELOPMENT
(9) HARVARD UNIVERSITY 23 EVERETT ST, STE 327 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	346,652.				HIV RELATED RESEARCH
(10) HDI, INC 318 SETH PLACE ROCKVILLE, MD 20850	30-0207842	501(C)(3)	1,607,010.				HIV/AIDS PREVENTION
(11) HEALTH DECISIONS, INC. 2510 MERIDIAN PARKWAY DURHAM, NC 27713	56-1637045	501(C)(3)	192,363.				GLOBAL HEALTH
(12) HEKTOEN INSTITUTE OF MEDICINE 2240 W. OGDEN AVE, FL 2 CHICAGO, IL 60612	36-2244897	501(C)(3)	866,082.				HIV/AIDS PREVENTION

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HELEN KELLER INTERNATIONAL 352 PARK AVE S, STE 1200 NEW YORK, NY 10010	13-5562162	501(C)(3)	6,252,078.				CANCER PREVENTION TECH DEVELOPMENT
(2) HOWARD UNIVERSITY 525 BRYANT ST NW, WASHINGTON, DC 20059	53-0204707	501(C)(3)	2,609,145.				HIV/AIDS PREVENTION
(3) HUMAN NETWORK INTERNATIONAL 1120 19TH STREET NW, WASHINGTON, DC 20036	56-2666977	501(C)(3)	125,201.				SOCIO-ECONOMIC DEVELOPMENT
(4) HUMANITY AND INCLUSION 8757 GEORGIA AVE SILVER SPRINGS, MD 20910	55-0914744	501(C)(3)	29,684.				YOUTH EDUCATION
(5) ICNL 1126 16TH STREET NW, WASHINGTON, DC 20036	52-1818273	501(C)(3)	963,599.				EDUCATIONAL DEVELOPMENT
(6) INSTITUTE FOR CLINICAL RESEARCH, INC. PO BOX 29545 WASHINGTON, DC 20017-0745	52-1336656	501(C)(3)	32,588.				GLOBAL HEALTH RESEARCH
(7) INSTITUTE FOR HEALTHCARE 53 STATE STREET, 19TH FL BOSTON, MA 02109	38-3017223	501(C)(3)	52,274.				TECHNICAL SUPPORT
(8) INTERNATIONAL AIDS VACCINE INITIATIVE 125 BROAD STREET, 9TH FL NEW YORK, NY 10004	13-3870223	501(C)(3)	1,036,387.				HIV/AIDS PREVENTION
(9) INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCI 777 N. CAPITOL ST. NE, WASHINGTON, DC 20002	36-2167755	501(C)(3)	205,382.				SOCIO-ECONOMIC DEVELOPMENT
(10) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	1,875,522.				SOCIO-ECONOMIC DEVELOPMENT
(11) INTERNATIONAL RESEARCH EXCHANGE BOARD 1275 K ST NW, STE 600 WASHINGTON, DC 20005	22-3087809	501(C)(3)	1,167,668.				SOCIO-ECONOMIC DEVELOPMENT
(12) INTERNEWS NETWORK PO BOX 4448 ARCATA, CA 95518	94-3027961	501(C)(3)	8,468,670.				INTRNATL DEVELOPMENT RELIEF SERVICES

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTRAHEALTH INTERNATIONAL, INC. 6340 QUADRANGLE DR CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	670,179.				HIV/AIDS PREVENTION
(2) IONA COLLEGE 715 NORTH AVENUE NEW ROCHELLE, NY 10801	13-3508093	501(C)(3)	50,103.				HIV RELATED RESEARCH
(3) IOWA STATE UNIVERSITY OF SCIENCE AND TECH 505 MORRILL RD AMES, IA 50011-2207	42-6004224	GOVT	132,411.				SOCIO-ECONOMIC DEVELOPMENT
(4) IPSOS PUBLIC AFFAIRS, LLC 301 MERRITT 7, 4TH FLOOR NORWALK, CT 06851	36-2061602		57,119.				SOCIO-ECONOMIC DEVELOPMENT
(5) JOHNS HOPKINS UNIVERSITY 1809 ASHLAND AVENUE BALTIMORE, MD 21205	52-0595110	501(C)(3)	3,386,748.				HIV/AIDS PREVENTION
(6) KENTUCKIANAWORKS 410 W CHESTNUT STREET LOUISVILLE, KY 40242	46-4856936	501(C)(3)	243,634.				YOUTH EDUCATION
(7) KESHIF, LLC 1602 BELLE VIEW BLVD ALEXANDRIA, VA 22307	81-4941037		16,000.				EDUCATIONAL DEVELOPMENT
(8) LITERACY SUPPORT SYSTEMS 70 PARKSIDE DR POINT LOOKOUT, NY 11569	11-3384203		28,800.				SOCIO-ECONOMIC DEVELOPMENT
(9) MAGEE WOMENS RESEARCH INSTITUTE 3339 WARD STREET PITTSBURGH, PA 15213	25-1462312	501(C)(3)	67,598.				GLOBAL HEALTH RESEARCH
(10) MANAGEMENT SCIENCES FOR HEALTH, INC. 784 MEMORIAL DRIVE CAMBRIDGE, MA 02139-4613	04-2482188	501(C)(3)	2,550,798.				HIV/AIDS PREVENTION
(11) MASSACHUSETTS GENERAL HOSPITAL 55 FRUITE STREET BOSTON, MA 02114	04-2697983	GOVT	7,951.				HIV RELATED RESEARCH
(12) MATHEMATICA POLICY RESEARCH 600 ALEXANDER PARK PRINCETON, NJ 08540	22-2112296		20,678.				EDUCATIONAL DEVELOPMENT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MCCANN GLOBAL HEALTH 13801 FNB PARKWAY OMAHA, NE 68154	13-1938691		362,089.				HIV RELATED RESEARCH
(2) MEBS GLOBAL REACH, LLC 14930 BOGLE DR CHANTILLY, VA 20151	20-4529940		117,423.				GLOBAL EDUCATION
(3) UNIV OF PUERTO RICO, MED SCIENCES CAMPUS PASEO DR. CELSO BARBOSA SAN JUAN, PR 00936	66-0433762		405,186.				CLINICAL TRIALS RESEARCH
(4) MEDSCAPE, LLC 395 HUDSON STREET NEW YORK, NY 10014	20-2783228		352,214.				SOCIO-ECONOMIC DEVELOPMENT
(5) MENNONITE ECONOMIC DEVELOPMENT 1891 SANTA BARBARA DR LANCASTER, PA 17601	23-7398678	501(C)(3)	887,882.				SOCIO-ECONOMIC DEVELOPMENT
(6) MERIDIAN GROUP INTERNATIONAL 2101 L ST. NW, STE 400 WASHINGTON, DC 20037	54-1832764		439,117.				GLOBAL HEALTH
(7) MISSION METRICS, LLC 200 N. LASALLE STREET CHICAGO, IL 60601	46-2670478		214,964.				SOCIO-ECONOMIC DEVELOPMENT
(8) MUNICIPIO DE SAN JUAN HSPTL SAN JUAN RSRCH UNIT SAN JUAN, PR 935	66-0427034		67,309.				GLOBAL HEALTH RESEARCH
(9) NAVANTI GROUP, LLC 2451 CRYSTAL DRIVE ARLINGTON, VA 22041	33-1201639		640,379.				YOUTH EMPLOYMENT
(10) OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501(C)(3)	437,143.				SOCIO-ECONOMIC DEVELOPMENT
(11) OVERSEAS STRATEGIC CONSULTING 1500 WALNUT STREET PHILADELPHIA, PA 19102	23-2720769		17,702.				YOUTH EDUCATION
(12) PACER CENTER 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437	41-1306304	501(C)(3)	31,735.				SOCIO-ECONOMIC DEVELOPMENT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PACT, INC. 1828 L STREET NW WASHINGTON, DC 20036	13-2702768	501(C)(3)	5,030,089.				HIV/AIDS PREVENTION
(2) PALLADIUM INTERNATIONAL, LLC 1331 PENNSYLVANIA AVE, WASHINGTON, DC 20004	26-1509671	501(C)(3)	161,993.				HIV/AIDS PREVENTION
(3) PATH 2201 WESTLAKE AVE, #200, SEATTLE, WA 98107	91-1157127	501(C)(3)	512,741.				HIV/AIDS PREVENTION DEVELOPMENT
(4) PAX MONDIAL, LLC 1655 N. FORT MYER DR ARLINGTON, VA 22209	68-0677857		354,229.				AFGHANISTAN HIGHER E
(5) PH SCIENCE HOLDINGS. INC. 15022 35TH AVE W, STE F LYNNWOOD, WA 98087	91-2181922	501(C)(3)	78,688.				AFGHANISTAN HIGHER EDUCATION
(6) PHOENIX YOUTH AND FAMILY 310 NORTH ALABAMA STREET CROSSETT, AR 71635	71-0778516	501(C)(3)	78,698.				COMMUNITY HEALTH SYSTEMS
(7) PLAN INTERNATIONAL USA, INC. 155 PLAN WAY WARWICK, RI 2886	13-5661832	GOVT	402,940.				YOUTH WORKFORCE AND EDUCATION
(8) PLANNED PARENTHOOD OF MASSACHUSETTS, INC. 1055 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2698497	501(C)(3)	49,940.				INTRNATL DEVELOPMENT RELIEF SERVICES
(9) PLANNED PARENTHOOD OF NYC, INC. 26 BLEECKER STREET NEW YORK, NY 10012	13-2621497	501(C)(3)	65,374.				REPRODUCTIVE HEALTH
(10) POPULATION COUNCIL INC ONE DAG HAMMARSKJOLD PLZ NEW YORK, NY 10017	13-1687001	501(C)(3)	197,266.				REPRODUCTIVE HEALTH
(11) POPULATION SERVICES INTERNATIONAL 1120 19TH ST NW WASHINGTON, DC 20036	56-0942853	501(C)(3)	1,157,352.				REPRODUCTIVE HEALTH
(12) POWER FOR ALL 12 GEARY STREET SAN FRANCISCO, CA 94108	81-3803168	501(C)(3)	177,628.				REPRODUCTIVE HEALTH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PPD DEVELOPMENT, LLC 2244 DABNEY ROAD RICHMOND, VA 23230	74-2325267		104,960.				SOCIO-ECONOMIC DEVELOPMENT
(2) PROJECT C.U.R.E 10377 E. GEDDES AVE CENTENNIAL, CO 80112	84-1566856	501(C)(3)	149,802.				GLOBAL HEALTH
(3) PRONTO INTERNATIONAL 5419 GREENWOOD AVE N SEATTLE, WA 98103	46-1318242	501(C)(3)	63,197.				SOCIO-ECONOMIC DEVELOPMENT
(4) PUBLIC FOUNDATION ENTERPRISES 12801 CROSSROADS PKWY CITY OF INDUSTRY, CA	95-2557063	501(C)(3)	1,413,719.				TECHNICAL SUPPORT
(5) PUBLIC INTERNATIONAL LAW AND POLICY GROUP 888 16TH ST NW WASHINGTON, DC 20006	04-3309296	501(C)(3)	313,090.				PUBLIC HEALTH PROGRAM
(6) PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	697,758.				SOCIO-ECONOMIC DEVELOPMENT
(7) REGENTS OF THE UNIV OF CALIFORNIA, SAN FRAN 3333 CALIFORNIA ST SAN FRANCISCO, CA 94541	94-6036493	501(C)(3)	22,216.				EDUCATIONAL DEVELOPMENT
(8) REGENTS OF THE UNIV OF CALIFORNIA, LOS ANGE 10920 WILSHIRE BLVD LOS ANGELES, CA 90024	95-6006143	501(C)(3)	37,312.				HIV/AIDS PREVENTION
(9) RELIABLE SUPPLY CHAINS INTERNATIONAL 4322 AVONDALE STREET NW CANTON, OH 44708	16-1204795		35,589.				HIV RELATED RESEARCH
(10) RESEARCH FOUNDATION FOR THE CITY UNIVERSITY 250 BEDFORD PARK BLVD WEST BRONX, NY 10468	13-1988190	501(C)(3)	623,834.				AFGHANISTAN HIGHER EDUCATION
(11) RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC 150 BROADWAY, SUITE 301 MENANDS, NY 12204	14-1410842	501(C)(3)	21,447.				EDUCATIONAL DEVELOPMENT
(12) RESONANCE 1 MILL STREET, STE 201 BURLINGTON, VT 5401	27-1226648		262,594.				GLOBAL HEALTH RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RESTLESS DEVELOPMENT USA, INC. 636 6TH AVENUE, STE 410 NEW YORK, NY 10011	04-3561445	501(C)(3)	134,374.				SOCIO-ECONOMIC DEVELOPMENT
(2) RESULTS FOR DEVELOPMENT INSTITUTE 1875 CONNECTICUT AVE WASHINGTON, DC 20009	20-8530747	501(C)(3)	76,371.				SOCIO-ECONOMIC DEVELOPMENT
(3) SAVE THE CHILDREN 501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825	06-0726487	501(C)(3)	1,094,420.				MEDICAL ACCESS
(4) SCHOOL TO SCHOOL INTERNATATIONAL 1005 TERRA NOVA BLVD PACIFICA, CA 94044	02-0600889	501(C)(3)	112,892.				HIV/AIDS PREVENTION
(5) SEARCH FOR COMMON GROUND 1601 CONNECTICUT AVE WASHINGTON, DC 20009	52-1257425	501(C)(3)	1,871,502.				EDUCATIONAL DEVELOPMENT
(6) SHELTERING ARMS CHILDREN 305 7TH AVENUE, 4TH FL NEW YORK, NY 10001	13-3709095	501(C)(3)	84,000.				EDUCATIONAL DEVELOPMENT
(7) SIL LEAD, INC. 419 7TH ST NW, STE 300 WASHINGTON, DC 20004	45-2532091	501(C)(3)	71,018.				SOCIO-ECONOMIC DEVELOPMENT
(8) SIREN COVE STUDIOS 24 ROY STREET, SUITE 453 SEATTLE, WA 98109	54-2064531		34,241.				EDUCATIONAL DEVELOPMENT
(9) SOCIAL IMPACT 2300 CLARENDON BLVD ARLINGTON, VA 22201	54-1795186	501(C)(3)	115,905.				YOUTH BOOKS
(10) TECHSOUP GLOBAL 435 BRANNAN ST SAN FRANCISCO, CA 94107	94-3070617	501(C)(3)	86,830.				SOCIO-ECONOMIC DEVELOPMENT
(11) TEMPLE UNIVERSITY 1801 N. BROAD ST PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	90,862.				HIV/AIDS PREVENTION
(12) THE CENTER FOR VICTIMS OF TORTURE 649 DAYTON AVENUE ST. PAUL, MN 55104-6631	36-3383933	501(C)(3)	59,630.				ENGLISH LANGUAGE

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE GLOBAL HEALTH IMPACT 1678 GLENCOVE AVE SE ATLANTA, GA 30317	47-2488624		34,061.				SOCIO-ECONOMIC DEVELOPMENT
(2) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(3)	32,805.				GLOBAL HEALTH
(3) REGENTS OF THE UNIV OF CALIFORNIA, SAN DIEG PO BOX 748872 LOS ANGELES, CA 90074-4872	95-6006144	501(C)(3)	6,306,369.				HIV/AIDS PREVENTION
(4) THE TRUSTEES OF COLUMBIA UNIVERSITY 630 W 168TH ST, BOX 49 NEW YORK, NY 10032	13-5598093	501(C)(3)	5,103,045.				HIV RELATED RESEARCH
(5) TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET, SUITE 200 BOSTON, MA 02215	04-2103547	501(C)(3)	29,999.				HIV/AIDS PREVENTION
(6) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19101	23-1352685	501(C)(3)	1,699,110.				ENGLISH LANGUAGE
(7) TULANE UNIVERSITY 800 EAST COMMERCE RD HARAHAH, LA 70123	72-0423889	501(C)(3)	1,544,783.				HIV RELATED RESEARCH
(8) UNIVERSITY OF TEXAS HEALTH CENTER 11937 US HWY 271 TYLER, TX 75708-3154	75-6001354	501(C)(3)	28,561.				HIV RELATED RESEARCH
(9) UNIVERSITY OF ALABAMA 703 19TH ST S, ZRB 242 BIRMINGHAM, AL 35294	63-6005396	GOVT	735,492.				HIV/AIDS PREVENTION
(10) UNIVERSITY OF COLORADO PO BOX 173364 DENVER, CO 80217	84-6000555	501(C)(3)	1,133,058.				HIV RELATED RESEARCH
(11) UNIVERSITY OF DENVER 2199 S. COLORADO BLVD DENVER, CO 80210	84-0404231	501(C)(3)	303,838.				HIV RELATED RESEARCH
(12) UNIVERSITY OF ILLINOIS 1737 WEST POLK ST CHICAGO, IL 60612-7227	37-6000511	501(C)(3)	1,132,327.				GLOBAL EDUCATION

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF KENTUCKY 109 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	91,148.				HIV RELATED RESEARCH
(2) UNIVERSITY OF MARYLAND, BALTIMORE 7901 REGENTS DR COLLEGE PARK, MD 20741	52-6002033	501(C)(3)	542,768.				EDUCATIONAL DEVELOPMENT
(3) UNIVERSITY OF MASSACHUSETTS 100 VENTURE WAY, SUITE 201 HADLEY, MA 01035	04-3167352	501(C)(3)	2,485,816.				HIV RELATED RESEARCH
(4) UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	26,016.				EDUCATIONAL DEVELOPMENT
(5) UNIVERSITY OF MINNESOTA 222-21ST AVENUE SOUTH MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	526,800.				HIV RELATED RESEARCH
(6) UNIVERSITY OF NEBRASKA AT LINCOLN 3835 HOLDREGE ST LINCOLN, NE 68583-0742	47-0049123	501(C)(3)	500,065.				EDUCATIONAL DEVELOPMENT
(7) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 450 WEST DRIVE CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	5,298,944.				EDUCATIONAL DEVELOPMENT
(8) UNIVERSITY OF NOTRE DAME 731 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	296,024.				HIV/AIDS PREVENTION
(9) UNIVERSITY OF OREGON 677 EAST 12TH AVE, STE 500 EUGENE, OR 97403	46-4727800	GOVT	30,000.				EDUCATIONAL DEVELOPMENT
(10) UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501(C)(3)	661,222.				SOCIO-ECONOMIC DEVELOPMENT
(11) UNIVERSITY OF WASHINGTON 325 9TH AVE, BOX 359927 SEATTLE, WA 98104	91-6001537	501(C)(3)	2,573,383.				HIV RELATED RESEARCH
(12) UNIVERSITY RESEARCH CO., LLC 5404 WISCONSIN AVENUE CHEVY CHASE, MD 20815	52-0939806	GOVT	368,500.				HIV RELATED RESEARCH

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY RESEARCH CORPORATION 7200 WISCONSIN AVE BETHESDA, MD 20814	52-1752957		21,727.				HIV RELATED RESEARCH
(2) USER CENTERED DESIGN, INC. 20548 DEERWATCH PLACE ASHBURN, VA 20147	54-2025453		34,625.				SOCIO-ECONOMIC DEVELOPMENT
(3) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVE NASHVILLE, TN 37203	35-2528741	501(C)(3)	970,111.				CLINICAL TRIALS RESEARCH
(4) VIAMO PBC 1250 CONNECTICUT AVE WASHINGTON, DC 20036	82-0825124		482,565.				SOCIO-ECONOMIC DEVELOPMENT
(5) VIRGINIA COMMONWEALTH UNIVERSITY 817 W. FRANKLIN ST, RICHMOND, VA 23284	54-6001758	GOVT	88,343.				GLOBAL HEALTH
(6) VWR INTERNATIONAL 1310 GOSHEN PKWY WEST CHESTER, PA 19380	91-1319190		13,810.				CLINICAL TRIALS RESEARCH
(7) WCG 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	46-3226871	501(C)(3)	56,353.				EDUCATIONAL DEVELOPMENT
(8) WEILL MEDICAL COLLEGE 1300 YORK AVE, BOX 89 NEW YORK, NY 100065	13-1623978	501(C)(3)	2,123,545.				GLOBAL HEALTH
(9) WELLS FARGO BANK PO BOX 71045 CHARLOTTE, NC 28272-1045	94-1347393		49,811.				HIV RELATED RESEARCH
(10) WILDAID, INC. 333 PINE ST, #300 SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	45,000.				AFGHANISTAN HIGHER EDUCATION
(11) WORLD EDUCATION, INC. 44 FARNSWORTH STREET BOSTON, MA 02210-1211	13-1804349	501(C)(3)	113,528.				WILD LIFE CONSVERVATION
(12) WORLD LEARNING 1015 15TH ST. NW WASHINGTON, DC 20005	03-0179592	501(C)(3)	832,317.				SOCIO-ECONOMIC DEVELOPMENT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WORLD VISION, INC. 330 I STREET NE, #270 WASHINGTON, DC 20002	95-1922279	501(C)(3)	488,925.				INTRNATL DEVELOPMENT RELIEF SERVICES
(2) YALE UNIVERSITY PO BOX 208260 NEW HAVEN, CT 06520-8260	06-0646973	501(C)(3)	216,363.				SOCIO-ECONOMIC DEVELOPMENT
(3) YMCA OF THE USA 101 NORTH WACKER DRIVE, CHICAGO, IL 60606	36-3258696	501(C)(3)	27,109.				HIV RELATED RESEARCH
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 139.

3 Enter total number of other organizations listed in the line 1 table ▶ 44.

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

Schedule I (Form 990) (2018)

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

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

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

PROCEDURES FOR MONITORING USE OF GRANT FUNDS INSID

PART I, LINE 2, PART III, COLUMN (B)

FHI360 REQUIRES GRANTEES WITH MORE THAN \$750,000 IN FEDERAL FUNDING TO

SUMBIT A SINGLE AUDIT REPORT EACH YEAR. ANY FINDINGS MUST INCLUDE DETAILS

OF HOW FINDINGS ARE TO BE CORRECTED. REPORTS ARE OBTAINED AS TO HOW FUNDS

ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY HEALTH INTERNATIONAL

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

23-7413005

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	PATRICK C. FINE CHIEF EXECUTIVE OFFICER	(i)	416,832.	0.	9,900.	33,000.	2,597.	462,329.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	ROBERT R. PRICE EXEC VP/GEN COUNSEL/SECRETARY	(i)	169,127.	0.	5,000.	20,895.	14,101.	209,123.	0.
		(ii)	24,000.	0.	0.	0.	0.	24,000.	0.
3	RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	(i)	257,331.	0.	2,500.	34,180.	19,650.	313,661.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	DEBORAH KENNEDY-IRAHEETA CHIEF OPERATIONS OFFICER	(i)	289,960.	0.	7,400.	33,000.	2,288.	332,648.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	PAMELA MYERS CHIEF HUMAN RESOURCE OFFICER	(i)	240,970.	0.	2,500.	29,217.	19,556.	292,243.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	(i)	241,421.	0.	3,125.	29,331.	20,523.	294,400.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	TIMOTHY MASTRO CHIEF SCIENCE OFFICER	(i)	261,926.	0.	9,900.	50,619.	1,022.	323,467.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	JACQUELINE MCPHERSON REGIONAL DIRECTOR	(i)	224,189.	0.	44,838.	32,283.	8,561.	309,871.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	LANETA DORFLINGER SCIENTIST	(i)	231,946.	0.	4,786.	28,395.	1,221.	266,348.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	LAURA C. KAYSER DEPUTY TO THE COO	(i)	258,462.	0.	1,500.	31,195.	19,600.	310,757.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	LEILA ABU-GHEIDA DIR PLATFORM & PORTFOLIO MGMT	(i)	211,230.	0.	993.	25,348.	14,201.	251,772.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	MICHAEL P. MAZZA DIRECTOR, INFORMATION SOLUTION	(i)	201,842.	0.	2,400.	43,009.	2,057.	249,308.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	NADRA C. FRANKLIN DIR SOC & ECO DEVELOPMENT	(i)	233,462.	0.	0.	28,015.	14,261.	275,738.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	NZAPFURUNDI CHABIKULI DIR GLOBAL HEALTH, POPULATION	(i)	233,981.	0.	0.	28,078.	20,505.	282,564.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	PATRICK MONTESANO DIRECTOR, U.S. PROGRAMS	(i)	262,391.	0.	1,000.	31,607.	8,647.	303,645.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	RICARDO MICHEL MANAGING DIRECTOR (BEG 9/18)	(i)	42,308.	0.	0.	0.	2,471.	44,779.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TED FITZGERALD DIR GLOBAL RESEARCH SERVICES	(i)	229,673.	0.	2,200.	46,325.	1,385.	279,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 WELLINGTON PAK DIRECTOR, BUSINESS STRATEGY	(i)	196,330.	0.	0.	23,560.	20,411.	240,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 HAYLEY BRYANT PROJECT DIRECTOR	(i)	154,376.	0.	154,430.	18,800.	8,387.	335,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LISA STEVENS SCIENTIST	(i)	160,922.	0.	122,419.	19,311.	8,399.	311,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MATTHEW PIETZ PROJECT DIRECTOR	(i)	148,012.	0.	148,861.	17,762.	8,365.	323,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MICHAEL CASSELL TECHNICAL ADVISOR	(i)	161,755.	0.	118,583.	15,661.	8,412.	304,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 STEPHEN J. MILLS DIR, PROJECT PORTFOLIO	(i)	181,558.	0.	96,214.	40,611.	6,613.	324,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

EXPAT STAFF WHO ARE EMPLOYED OUTSIDE OF THE UNITED STATES HAVE LOCAL HOUSING COSTS PAID BY FHI 360 AND ARE ELIGIBLE FOR POST ALLOWANCE AND POST DIFFERENTIAL PAY AND DEPENDENT EDUCATION REIMBURSEMENT.

SCHEDULE J, PART I, LINE 3

FHI 360'S AUDIT COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE AND SETS THE CEO'S COMPENSATION BASED ON PERFORMANCE REVIEW AND COMPARABILITY DATA FOR BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS. FURTHER DETAILS OF THE COMMITTEE'S ACTIVITIES ARE RECORDED AS FHI 360'S RESPONSE TO FORM 990, PART VI, LINE 15B.

SCHEDULE J, PART I, LINE 4B

A 457(B) VOLUNTARY SALARY DEFERRAL PLAN IS MADE AVAILABLE TO THE EXTENT ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
--	---

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2 .	35,145 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

4268MM 5275

V 18-8.6F

60010945

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2018

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

EDUCATION - FHI360'S EXPERTS USE INNOVATIVE METHODS TO IMPROVE TEACHING

AND LEARNING IN THE U.S. AND AROUND THE WORLD. PROGRAMS ADVANCE

EDUCATIONAL ACCESS AND PROMOTE FULL PARTICIPATION FOR GIRLS, NEW

IMMIGRANTS, MIGRANTS, MINORITIES AND THOSE WITH DISABILITIES. ACTIVITIES

FACILITATE DECISION MAKING BY PROVIDING RESEARCH, EVALUATION, DATA

ANALYSIS AND TECHNICAL RESOURCES GLOBALLY. FHI360 ALSO WORKS TO STRENGTHEN

EDUCATION IN FRAGILE STATES AND SUPPORT REFORM OF POLICIES AND SYSTEMS.

EXPENSES: \$125,774,630

GRANTS: \$54,319,988

REVENUES: \$25,380,155

REPRODUCTIVE HEALTH - FHI360'S EXPERTS SUPPORT MATERNAL AND CHILD HEALTH,

INCREASE ACCESS TO HIGH-QUALITY REPRODUCTIVE HEALTH CARE FOR MEN AND

WOMEN AND EVALUATE HEALTH PROGRAM OUTCOMES. FHI360 HAS WORKED FOR MORE

THAN THIRTY YEARS TO IMPROVE THE AVAILABILITY, SAFETY, AND ACCEPTANCE AND

USE OF MODERN CONTRACEPTIVE METHODS TO IMPROVE MATERNAL AND CHILD HEALTH,

AND TO PREVENT SEXUALLY-TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS,

WORKING WITH LOCAL, NATIONAL AND INTERNATIONAL ORGANIZATIONS IN MORE THAN

70 COUNTRIES AROUND THE WORLD.

EXPENSES: \$8,279,690

GRANTS: \$2,657,124

REVENUES: \$1,246,556

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

NAME OF FOREIGN COUNTRY

FORM 990, PART V, LINE 4B

AFGHANISTAN

BANGLADESH

BERMUDA

BOTSWANA

BURKINA FASO

BURUNDI

CAMBODIA

CHAD

CHILE

CHINA

COMOROS

COTE D'IVOIRE

DJIBOUTI

DOMINICAN REPUBLIC

DRC

EGYPT

EL SALVADOR

EQUATORIAL GUINEA

ETHIOPIA

GHANA

GUATEMALA

GUINEA

HAITI

HONDURAS

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
---	--

INDIA

INDONESIA

IRAQ

JAMAICA

JORDAN

KENYA

KYRGYZ REPUBLIC

KYRGYZSTAN

LAOS

LIBERIA

MALAWI

MALI

MOLDOVA

MOROCCO

MOZAMBIQUE

MYANMAR

NAMIBIA

NEPAL

NIGERIA

NIGERIA - MAPS

NIGERIA - SIDHAS

PAKISTAN

PAPUA NEW GUINEA

PERU

PHILIPPINES

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
---	--

RWANDA

SENEGAL

SIERRA LEONE

SOUTH AFRICA

SOUTH SUDAN

SWAZILAND

TANZANIA

THAILAND

TOGO

TUNISIA

UGANDA

UKRAINE

VIETNAM

YEMEN

ZAMBIA

ZIMBABWE

MATERIAL DIFFERENCES IN VOTING RIGHTS

FORM 990, PART VI, LINE 1A

AN EXECUTIVE COMMITTEE CONSISTING OF 5 VOTING MEMBERS EXERCISES BOARD

AUTHORITY BETWEEN QUARTERLY MEETINGS OF THE BOARD.

NON-VOTING BOARD MEMBER

FORM 990, PART VI, LINE 1A

PATRICK FINE, LISTED AS A TRUSTEE ON PART VII, IS A NON-VOTING BOARD

MEMBER AND NOT INCLUDED IN THE TOTAL FOR PART VI, LINE 1A.

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
---	--

LOCAL BRANCHES AND AFFILIATES

FORM 990, PART VI, LINE 10B

EACH AFFILIATE BRANCH HAS A 'COUNTRY OFFICE MANUAL' AND IS SUBJECT TO FHI 360'S CENTRALIZED POLICIES AND PROCEDURES AND STANDARD OPERATING PROCEDURES.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, LINE 11B

FORM 990 IS PREPARED BY THE ACCOUNTING FIRM, ERNST & YOUNG LLP. AFTER A FINAL REVIEW BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, AND CHIEF EXECUTIVE OFFICER, FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND COPIES ARE MADE AVAILABLE FOR REVIEW TO EACH MEMBER OF THE BOARD OF DIRECTORS.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S POLICY 02004 "CONFLICTS OF INTEREST", ADOPTED BY THE RESOLUTION OF THE BOARD OF DIRECTORS, IS APPLICABLE TO EACH BOARD MEMBER AND TO EACH OF THE ORGANIZATION'S EMPLOYEES. A DISCLOSURE FORM IS COMPLETED BY EVERY BOARD MEMBER AT THE TIME OF APPOINTMENT AND BY EVERY EMPLOYEE AT THE INITIATION OF EMPLOYMENT. STATEMENTS COMPLETED BY BOARD MEMBERS ARE FILED WITH THE BOARD CHAIR AND THE BOARD CHAIR'S STATEMENT IS FILED WITH THE VICE CHAIR OF THE BOARD. STATEMENTS BY US EMPLOYEES ARE FILED WITH THE HUMAN RESOURCES DEPARTMENT. STATEMENTS BY NON-US BASED EMPLOYEES ARE FILED WITH THE RELATED COUNTRY DIRECTOR AND HR OFFICE.

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
---	--

THE POLICY REQUIRES DISCLOSURE ON AN ONGOING BASIS OF ANY CONFLICTS AS THEY ARISE. ADDITIONALLY, IN THE MONTH OF JULY EACH YEAR, THE CORPORATION'S ASSISTANT SECRETARY OBTAINS A DISCLOSURE STATEMENT FROM EACH BOARD MEMBER FOR FILING WITH THE BOARD CHAIR. DISCLOSURE STATEMENTS ARE OBTAINED ANNUALLY FROM ALL EMPLOYEES AT THE LEVEL OF DIRECTOR AND ABOVE WHICH ARE FILED WITH AND REVIEWED BY THE CHIEF COMPLIANCE OFFICER.

THE ORGANIZATION'S CODE OF ETHICS AND CONDUCT, WHICH REFERENCES AND SUMMARIZES THE CONFLICTS OF INTEREST POLICY AND OTHER EXPECTATIONS REGARDING CONDUCT, AND ETHICAL STANDARDS, IS PROVIDED TO EACH BOARD MEMBER UPON APPOINTMENT AND TO EACH EMPLOYEE UPON EMPLOYMENT. EACH MEMBER AND/OR EMPLOYEE SIGNS A STATEMENT THAT HE OR SHE HAS REVIEWED AND AGREES WITH THE CODE OF ETHICS AND CONDUCT.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS BEGAN
FORM 990, PART VI, LINES 15A & 15B

THE ORGANIZATION'S BYLAWS, WHICH ESTABLISH THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS, AND THE CHARTER OF THE HUMAN RESOURCE COMMITTEE, PROVIDE THAT THE HUMAN RESOURCE COMMITTEE SHALL SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S PRINCIPAL OFFICERS. THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS. ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM WHICH OBTAINS COMPARABILITY DATA FOR THE CORPORATE OFFICER POSITIONS, AND DEVELOPS AN ANALYSIS AND RECOMMENDATION ARISING FROM THE DATA. IN

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
---	--

ADDITION TO THE COMPENSATION CONSULTANT'S RECOMMENDATIONS, FOR EACH POSITION (EXCEPT THAT OF THE CEO) THE COMMITTEE REVIEWS THE CEO'S RECOMMENDATIONS AND ASSESSMENTS OF INDIVIDUAL PERFORMANCE DURING THE PRIOR YEAR. THEN, WITHOUT THE PRESENCE OF THE CEO, THE COMMITTEE MEETS TO (1) EVALUATE THE CEO'S PERFORMANCE DURING THE PRIOR YEAR; (2) CONSIDER THE CEO'S ASSESSMENT OF CORPORATE OFFICERS' PERFORMANCE AND RELATED RECOMMENDATIONS; (3) REVIEW THE RELEVANT COMPARABILITY DATA AND RECOMMENDATIONS PRESENTED BY THE COMPENSATION CONSULTING FIRM; (4) ESTABLISH OFFICER COMPENSATION LEVELS FOR THE COMING YEAR; AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, LINE 19

FHI 360'S ORGANIZATIONAL CHARTER IS AVAILABLE THROUGH THE WEBSITE OF THE NORTH CAROLINA SECRETARY OF STATE. FHI 360'S AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FHI 360 WEBSITE AND ARE AVAILABLE TO THE PUBLIC. FHI 360'S FORM 990 AND CONFLICTS OF INTEREST POLICY ARE MADE AVAILBLE UPON REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ARAMARK SERVICES LLC 11800 STATESVILLE ROAD HUNTERSVILLE, NC 28078	FACILITIES MGMT SVCS	1,585,342.
BARC SA PTY LTD NAPIER HOUSE, 11 NAPIER ROAD RICHMOND JOHANNESBURG, GUATENG SOUTH AFRICA 2001	LAB TESTING SERVICES	690,751.
SERENIC SOFTWARE INC	SOFTWARE TRAINING	613,360.

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
---	--

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
141 UNION BLVD, SUITE 400 LAKEWOOD, CO 80228		
EDX, INC 141 PORTLAND ST, 9TH FLOOR CAMBRIDGE, MA 02139	SOFTWARE DEVELOP SVC	575,000.
INTELLINET CONSULTING LLC 2 CONCOURSE PARKWAY, SUITE 100 ATLANTA, GA 30328	ENTERPRISE CONSULT.	560,233.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FHI SOLUTIONS LLC 359 BLACKWELL STREET DURHAM, NC 27701 45-2462813	NUTRITION	NC	29,167,353.	18,407,710.	FHI 360
(2) FHI PARTNERS LLC 359 BLACKWELL STREET DURHAM, NC 27701 82-5145951	HEALTH, EDU	NC	7,914,287.	11,250,852.	FHI 360
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FAMILY HEALTH INTERNATIONAL FOUNDATION 359 BLACKWELL STREET DURHAM, NC 27701 56-1719871	SUPP. FHI360	NC	501(C)(3)	12A	FHI 360	X	
(2) FHI DISASTER RELIEF FUND 359 BLACKWELL STREET, 200 DURHAM, NC 27701 45-3735754	DISAST RELIEF	NC	501(C)(3)	7	FHI 360	X	
(3) GOLD STAR KENYA 12 RALPH BUNCHE ROAD NAIROBI, KUGERIA KE 19535- ACHIEVING HEALTH NIGERIA INITIATIVE (AHN)	LOCAL HEALTH	KE	N/A	N/A	FHI 360	X	
(4) 3RD FLOOR, COSCHARIS PLAZA ABUJA, GARKI AREA 3 NI 900	LOCAL HEALTH	NI	N/A	N/A	FHI 360	X	
(5) FAMILY HEALTH INDIA H-5 GROUND FLOOR, GREEN PARK E NEW DELHI, DELHI IN 110016	LOCAL HEALTH	IN	N/A	N/A	FHI 360	X	
(6)							
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) FHI VENTURES, INC 359 BLACKWELL STREET, 200 DURHAM, NC 27701 82-3688587	IMPACT INVESTING	DE	FHI 360	C CORP	0.	881,099.	100.0000	X	
(2) FHI CLINICAL, INC 359 BLACKWELL STREET, 200 DURHAM, NC 27701 83-2853562	CLINICAL RESEARCH	NC	FHI 360	C CORP	4,134,866.	3,908,744.	100.0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAMILY HEALTH INTERNATIONAL FOUNDATION	C	14,750,000.	CASH
(2) GOLD STAR KENYA	B	1,267,413.	CASH
(3) ACHEIVING HEALTH NIGERIA	B	732,132.	CASH
(4) FHI VENTURES	B	1,600,000.	CASH
(5) FHI CLINICAL	B	4,000,000.	CASH
(6) FHI CLINCIAL	J	73,434.	CASH

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FHI CLINICAL	Q	2,514,149.	CASH
(2) ACHEIVING HEALTH NIGERIA	Q	1,046,839.	CASH
(3) FHI CLINICAL	P	188,019.	CASH
(4) ACHEIVING HEALTH NIGERIA	P	949,949.	CASH
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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